

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014559

1. Entity Name
PIZZA'MORE ITALIAN RESTAURANT, INC.

Principal Place of Business Mailing Address
4900 LINTON BLVD., STE. 28 4900 LINTON BLVD., STE. 28
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0982954 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
4900 LINTON BLVD., STE. 28
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name
MITCHELL T. McRAE, P.A.
Street Address (If not for acceptance) 6274 LINTON BLVD., SUITE 100
DELRAY BEACH, FL 33484
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐ FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D PINEDA, ANA P ☐ Delete
NAME
STREET ADDRESS 22212-D BOCA RANCHO DR.
CITY-ST-ZIP BOCA RATON FL 33428
TITLE D NIEWIADOMSKI, PAWEŁ ☒ Delete
NAME
STREET ADDRESS 22376 S.W. 57TH CIR.
CITY-ST-ZIP BOCA RATON FL 33428
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE REINSTATEMENT 2001 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (561) 496 4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 DEC 10 AM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE 01

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