

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-07-2001 90054 035 ***150.00

DOCUMENT # P00000053509

1. Entity Name

PRIAZZI'S, INC.

Principal Place of Business

6135 NW 167TH ST #E21
 MIAMI FL 33015

Mailing Address

6135 NW 167TH ST #E21
 MIAMI FL 33015

2. Principal Place of Business

350 N. PARK RD.
 Suite, Apt. #, etc.

3. Mailing Address

3325 Hollywood Blvd.
 Suite, Apt. #, etc.
 505

City & State

Hollywood FL
 Zip Country
 33020 USA

City & State

Hollywood FL
 Zip Country
 33021 USA

4. FEI Number

65-1030345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROGOVIN, LAWRENCE H
 6135 NW 167TH ST #E21
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input checked="" type="checkbox"/> Delete
NAME	ROGOVIN, LAWRENCE H	
STREET ADDRESS	6135 NW 167TH ST #E21	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	P/S	<input type="checkbox"/> Delete
NAME	OSHER, MARTIN	
STREET ADDRESS	1912 S. OCEAN DR. 15-D	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALOGH, PETER	
STREET ADDRESS	3704 SAN SIMEON CIR	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)