

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000060753

05-02-2001 90217 034 \*\*\*\*150.00

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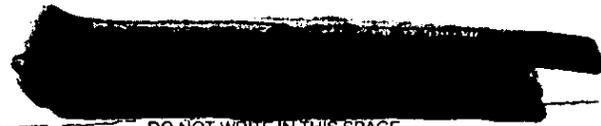
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**TAMARAC PIZZA, INC.**

Principal Place of Business Mailing Address  
7168 NORTH UNIVERSITY DRIVE TAMARAC FL 33321

2. Principal Place of Business Suite, Apt. #, etc. **7168 N. UNIVERSITY DR TAMARAC FL 33321**  
3. Mailing Address Suite, Apt. #, etc. **7168 N. UNIVERSITY DR TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

City & State **TAMARAC FLA** Applied For  Not Applicable   
Zip **33321** Country **USA** City & State **TAMARAC FLA** Zip **33321** Country **USA** 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALIERNO, DOMENICO**  
7168 NORTH UNIVERSITY DRIVE  
TAMARAC FL 33321

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 \_\_\_\_\_ 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.

**-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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALIERNO, DOMENICO</b>	
STREET ADDRESS	<b>7168 NORTH UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
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		
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: Domenico Salerno - DOMENICO SALIERNO **h-26-01-9547869794**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)

8-20-01

TO DIRECTOR OF CORP.

UNIFORM BUSINESS REPORT

65-1019687

I, Dawnne Johns, President of  
CORPORATION TAMARAC PIZZA INC. inform this  
Agency THAT I PAID \$150.00 FOR  
UBR YEAR 2000 WITH MONEY ORDER &  
I FILED THE FORM WITH ID # 65-1019687

which is THE SITE NUMBER ASSIGNED TO  
TAMARAC PIZZA (I CALL IRS & THEY confirmed  
the ID NUMBER FOR my Corporation)  
One more time I am writing & now  
repeat (I ~~BEAT~~ ~~IT~~ ~~OUT~~ BEFORE)

I HOPE to be  
receive your  
notice of PAYMENT  
on filing for  
year 2000 (UBR)

Dawnne Johns  
TAMARAC PIZZA INC.