

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106249

1. Entity Name
PIZZA PARTNERS, INC.

Principal Place of Business Mailing Address
9015 PINES BOULEVARD 9015 PINES BOULEVARD
PEMBROKE PINES FL 33024-6440 PEMBROKE PINES FL 33024-6440

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 65-1078648 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDOVIN, SARAGA & LIPSHY, PA
201 N.E. FIRST AVENUE
DELRAY BEACH FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
700004560537--8
-08/28/01--01090--009
City ***40FL00 Zip Code ***400.00

8. 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 signatures 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS KRON, JOEL
CITY-ST-ZIP 661 GLENN AVENUE
WHEELING IL 60090

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP LS

TITLE ☐ Delete
NAME VD
STREET ADDRESS RUGGIERO, ALFONSO
CITY-ST-ZIP 2901 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311-1243

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS KRON, DAN
CITY-ST-ZIP 2901 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311-1243

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Alfonso Ruggiero VICE PRES 4-28-2001 954 443-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07-05-2001 90008 037 ***150.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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