

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-06-2002 90211 041 ***150.00

DOCUMENT # P01000012073
 1. Entity Name
TWIN BROTHERS PIZZA & PASTA, INC.

Principal Place of Business Mailing Address
12402 TWIN BRANCH ACRES RD. **12402 TWIN BRANCH ACRES RD.**
TAMPA FL 33626 **TAMPA FL 33626**

2. Principal Place of Business 3. Mailing Address
1312 SEVEN SPRINGS BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
NEW PORT RICHEY, FL 34655

City & State City & State
 Zip Country Zip Country

4. FEI Number
59-3209137 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VERILO, PAOLO
12402 TWIN BRANCH ACRES RD.
TAMPA FL 33626

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME PD VERILO, PAOLO	<input type="checkbox"/> Delete
STREET ADDRESS 12402 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP TAMPA FL 33626	
TITLE NAME D VERILO, LAURA	<input type="checkbox"/> Delete
STREET ADDRESS 12402 TWIN BRANCH ACRES RD.	
CITY-ST-ZIP TAMPA FL 33626	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME VP VERILO, FABIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1503 STARLIGHT COVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE NAME VP VERILO, PIERLUIGI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1502 STARLIGHT COVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **FABIO VERILO** *Fabio Verilo* 727-372-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)