

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90089 043 ***150.00

DOCUMENT # P01000035188

1. Entity Name
PARK CAFE AND PIZZERIA, INC.

Principal Place of Business
8241 HAMPTON WOOD DRIVE
BOCA RATON FL 33433

Mailing Address
8241 HAMPTON WOOD DRIVE
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3731 FAV BLVD
Suite, Apt. #, etc.
10

3. Mailing Address
3731 FAV BLVD.
Suite, Apt. #, etc.
10

City & State
BOCA RATON, FL
Zip
33431
Country
U.S.A

City & State
BOCA RATON, FL
Zip
33431
Country
USA

4. FEI Number
65-1109740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMICO, ENRICO
8241 HAMPTON WOOD DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3731 FAV BLVD
SUITE 10
City BOCA RATON FL Zip Code 33431

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/15/02

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 STREET ADDRESS CITY-ST-ZIP	PD AMICO, ANTONIA 6778 NW 66TH AVENUE PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VULTAGGIO, ROSANNA 8241 HAMPTON WOOD DRIVE BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VULTAGGIO, CATERINA 8241 HAMPTON WOOD DRIVE BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMICO, FRANCESCA 6778 NW 66TH AVENUE PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 *Francesca Amico* REQUIRED FRANCESCA Amico (T.D) 561-750-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 2/15/02 Daytime Phone #

CR2E034 (9/01)