

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-04-2003 90156 023 ***61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086072

1. Entity Name
ANTHONY'S COAL-FIRED PIZZA, INC.



Principal Place of Business
330 STATE ROAD 84
FORT LAUDERDALE, FL 33315

Mailing Address
1191 E. NEWPORT CTR. DR.
STE 103
DEERFIELD BEACH, FL 33442

2. Principal Place of Business
2203 South Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State

4. FEI Number
60-0000840

Applied For
Not Applicable

Zip 33315 Country USA

Zip Country

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

BRUNO, ANTHONY
330 STATE ROAD 84
FORT LAUDERDALE, FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required when withdrawing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Checks Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BRUNO, ANTHONY
STREET ADDRESS 330 STATE ROAD 84
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

TITLE President/Director ☒ Change ☐ Addition
NAME Bruno, Anthony
STREET ADDRESS 330 State Rd. 84
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Michelangelo Mozzicato
STREET ADDRESS 2203 S. Federal Highway
CITY-ST-ZIP Ft. Lauderdale, FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Bruno Pres./Director

7/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)