

2002 **UNIFORM BUSINESS REPORT (UBR)**

5/

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-15-2002 90066 003 ***150.00

DOCUMENT # P01000098614

1. Entity Name

LORENZO'S II PIZZERIA, INC. ✓**DO NOT WRITE IN THIS SPACE**

90040

2. Principal Place of Business

8793 Tamiami Trail East

3. Mailing Address

8793 Tamiami Trail East

Suite, Apt. #, etc.

No. 205

Suite, Apt. #, etc.

No. 205

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34113

Country

USA

Zip

34113

Country

USA

4. FEI Number

59 375 6378

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Houoiria Mokhtari Sommaggio

Street Address (P.O. Box Number is Not Acceptable)

8793 Tamiami Trail East, # 205

City

Naples**FL**

Zip Code

34113**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent, and date if applicable)

Houoiria Mokhtari Sommaggio**04-22-02**

(NOTE: Registered Agent Signature is required when submitting)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 15 Fee: \$150.00
After May 15 Fee: \$150.00
Amended UBR: \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees11. **OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P.T/D
Houoiria Mokhtari Sommaggio
8793 Tamiami Trail East, 205
Naples, FL 34113**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
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CITY, ST, ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Houoiria Mokhtari Sommaggio**04-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone: #

CR2E0348 (12/01)