

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90062 012 \*\*\*150.00

<b>DOCUMENT # P01000109704</b>			
1. Entity Name <b>PIZZI INC.</b>			
Principal Place of Business <b>6901 W. OKEECHOBEE BAY E-1 WEST PALM BEACH FL 33411</b>		Mailing Address <b>6601 LYONS ROAD SUITE 1-9 COCONUT CREEK FL 33073</b>	
2. Principal Place of Business		3. Mailing Address <b>6901 W. Okeechobee Bay E-1</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>West Palm Beach FL</b>	
Zip	Country	Zip	Country
		<b>33411</b>	<b>Palm Beach</b>
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PIZZI, PAUL A 6601 LYONS ROAD # 1-9 COCONUT CREEK FL 33073</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Paul A. Pizzi</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <b>5/13/02</b> (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS PIZZI, PAUL A 6601 LYONS ROAD, #1-9 COCONUT CREEK FL 33073</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)