

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000109704		
1. Entity Name PIZZI INC.		
Principal Place of Business 6901 W. OKEECHOBEE BAY E-1 WEST PALM BEACH, FL 33411		Mailing Address 6901 W. OKEECHOBEE BAY E-1 WEST PALM BEACH, FL 33411
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip		Country
4. FEI Number 1152980 65-7152980		☒ CHECK HERE IF MAKING CHANGES ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PIZZI, PAUL A 6601 LYONS ROAD #10 COCONUT CREEK, FL 33073		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))		
FILE NOW!!! FEE IS \$950.00. After May 1, 2008 Fee will be \$550.00. Make Check 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 NAME STREET ADDRESS CITY-ST-ZIP	PS PIZZI, PAUL A 6601 LYONS ROAD, #10 COCONUT CREEK, FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: <u>Paul A. Pizzi</u> 4/29/03 954 445 2643 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)