

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90190 029 ***150.00

DOCUMENT # P01000114274

1. Entity Name

PIAZZA DE ROMA, INC.

Principal Place of Business

15280 JOG ROAD *QUITE EFG*
 DELRAY BEACH FL 33484

Mailing Address

15280 JOG ROAD
 DELRAY BEACH FL 33484

B0129122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0555876

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, HARVEY
 1900 N W CORPORATE BOULEVARD
 SUITE 301 WEST
 BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<i>President</i>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Franco Fratelli</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11081 Harbour Springs Circle</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Boca Raton FL 33428</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Walter Fratelli</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11081 Harbour Springs Circle</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Boca Raton FL 33428</i>	
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
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

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.

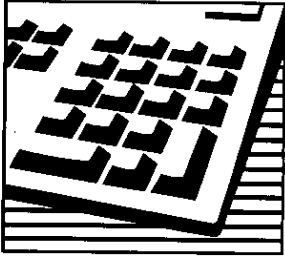
SIGNATURE: *(Signature)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02 561.865.3366

CR2E034 (4/02)

Attachment

BO189122



QTA ASSOCIATES, INC.

QUICKBOOKS • TAX • ACCOUNTING

July 9, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Document # P01000114274
PIAZZA DE ROMA INC

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 to cover the annual report filing fee for the year 2002. My client just received the second notice in the mail this week, as there have been enormous problems with the mail. Please update the address on your records to read SUITE EFG. This is the first time the client has received a package from your office. Therefore, I am requesting abatement of any late fees associated with this matter.

Thank you in advance for your cooperation in this matter.

Sincerely,

Angela DiCrescenzo CPA
Angela D. DiCrescenzo, CPA

Enclosure