

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90121 036 \*\*\*150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000127712

1. Entity Name

ROLLATINI'S CORPORATION



55048728

Principal Place of Business  
2901 N FEDERAL HIGHWAY  
BOCA RATON FL 33431

Mailing Address  
2901 N FEDERAL HIGHWAY  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City &amp; State

City &amp; State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

C14-18591797

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, JOHN  
837 NE 73RD STREET  
BOCA RATON FL 33487

Name

John P. Wilkes

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

John P. Wilkes, P.A.

901 South Federal Highway, Suite 101A

City

Fort Lauderdale

FL

Zip Code

33316

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 changing.

DATE

FILE NOW!!! FEE IS \$180.00

After May 1, 2003 Fee will be \$350.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WAGNER, JOHN  
2901 N FEDERAL HIGHWAY  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
POLIDORO, WILLIAM  
2901 N FEDERAL HIGHWAY  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
PIZZI, PAUL  
2901 N FEDERAL HIGHWAY  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 employed.

SIGNATURE:

SIGNATURE REQUIRED

4/29/03 (561) 750-9944

SIGNATURE REQUIRED ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Daytime Phone

CREATED 10/02