

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32484

1. Entity Name

SONNY'S ENTERPRISES, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90005 006 ***150.00

Principal Place of Business

1400 SOUTHWEST 33RD PLACE
FT. LAUDERDALE FL 33315

Mailing Address

1400 SOUTHWEST 33RD PLACE
FT. LAUDERDALE FL 33315

2. Principal Place of Business

5605 HIATUS ROAD

3. Mailing Address

5605 HIATUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

06-1312117

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAZIO, PAUL G
1400 S.W. 33RD PLACE
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

FAZIO, PAUL G.

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

5605 HIATUS ROAD

City

TAMARAC

FL

Zip Code

33321

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

PAUL FAZIO

4/25/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PCD	<input type="checkbox"/> Delete
NAME	FAZIO, PAUL G.	
STREET ADDRESS	2535 MONTCLAIRE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PICCIRILLI, BARBARA	
STREET ADDRESS	10394 NW 49TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL FAZIO

Date

4/25/01

Daytime Phone #

(954) 467-1223

CR2E034 (10/00)