2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048181

Entity Name

PUCCI'S PIZZA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 24 AM 9:09

Principal Place of Business
651 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
651 WASHINGTON AVENUE
MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

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 65-4090566 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, GEORGE L
407 LINCOLN RD
STE 5-B
MIAMI BEACH FL 33139

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.

SIGNATURE ______ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 SEPTEMBER 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	
VST	SARAFINO, SANDRA	651 WASHINGTON AVENUE	MIAMI FL 33139	☐ Delete
P	PUCCIO, THOMAS	407 LINCOLN ROAD, #5E	MIAMI BEACH FL 33139	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

700003344357--6
-08/02/00--01080--016
****150.00 ****150.00

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] 4/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LOTL

RAPID MEMO

TO DEPT OF STATE

DATE 7/17/00

SUBJECT UNIFORM BUSINESS REPORT

#P93000048181

To Whom It May Concern,

THIS FORM WAS MAILED IN APRIL W/ PAYMENT. PER TYRONNE, PLEASE ACCEPT THIS FILING AS IF IT WERE RECIEVED PRIOR TO 5/1/00

THANK YOU

Thomas Pucci

PUCCI PIZZA

Adams SC1158