

2001 **ANNUAL REPORT (UBR)**

DOCUMENT # P93000048181

1. Entity Name

PUCCI'S PIZZA, INC. ✓

Principal Place of Business

651 Washington Ave.
Miami Beach, FL 33139

Mailing Address

651 Washington Ave.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

George Brito
407 Lincoln Road
Miami Beach, FL 33139

Name
Antonia Calabro

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

10245 Collins Ave. #5D

City
Bal Harbour

FL

Zip Code
33154

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

Antonia Calabro

9/13/01

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

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 \$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 **President** ☒ Delete
NAME **Thomas Puccio**
STREET ADDRESS **407 Lincoln Road #5B**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **Secretary** ☒ Delete
NAME **Sandra Sarafino**
STREET ADDRESS **651 Washington Avenue**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **Vice President** ☒ Delete
NAME **Sandra Sarafino**
STREET ADDRESS **651 Washington Avenue**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **Treasurer** ☒ Delete
NAME **Sandra Sarafino**
STREET ADDRESS **651 Washington Avenue**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Antonia Calabro**
STREET ADDRESS **10245 Collins Avenue #5D**
CITY-ST-ZIP **Bal Harbour, FL 33154**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Leandro De Vita**
STREET ADDRESS **1428 Euclid Avenue #503**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Maximiliano De Vita**
STREET ADDRESS **7501 E. Treasure Drive #M-9**
CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Leandro De Vita**
STREET ADDRESS **1428 Euclid Avenue #503**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE ☐ Change ☐ 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)(f), 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:

Antonia Calabro

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 039 ***550.00

A0086712

DO NOT WRITE IN THIS SPACE

CR20034 (11/00)