


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90055 028 ***150.00

DOCUMENT # P93000048181

1. Entity Name
PUCCI'S PIZZA, INC.



Principal Place of Business
651 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
651 WASHINGTON AVENUE
MIAMI BEACH FL 33139



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DE VITA, LEANDRO
1428 EUCLID AVE
AP 503
MIAMI BEACH FL 33139

4. FEI Number 65-4090566

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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  DATE 01-21-03

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	DE VITA, MAXIMILIANO	
STREET ADDRESS	7501 E TREASURE DRIVE #M-9	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE VITA, LEANDRO	
STREET ADDRESS	1428 EUCLID AVENUE, #503	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DE VITA, MAXIMILIANO	
STREET ADDRESS	7501 E. TREASURE DRIVE, #M-9	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE VITA, LEANDRO	
STREET ADDRESS	1428 EUCLID AVE., #503	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LEANDRO DE VITA** 305 673 4878 01/21/03

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

CR2E034 (10/02)