

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
 02-03-2001 90058 023 ***150.00

DOCUMENT # P93000060674

1. Entity Name
D & D LUNA PIZZA, INC.

Principal Place of Business

**4191 TAMiami TR., S.
 VENICE FL 34293-5112
 US**

Mailing Address

~~3296 MEADOW RUN CIRCLE
 VENICE FL 34293~~

2. Principal Place of Business

3. Mailing Address

1100 Harbor Dr S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Venice, FL

4. FEI Number **65-0432546**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34285

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

ALTIERI, CECILIA M

~~3296 MEADOW RUN CIRCLE
 VENICE FL 34293~~

Name

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

1100 Harbor Dr S

City

Venice

FL

Zip Code

34285

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

Cecilia M. Altieri

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALTIERI, CECILIA M	
STREET ADDRESS	3296 MEADOW RUN CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALTIERI, MICHAEL	
STREET ADDRESS	3296 MEADOW RUN CIR.	
CITY-ST-ZIP	VENICE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100 Harbor Dr S	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100 Harbor Dr S	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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 empowerment.

SIGNATURE:

Cecilia M. Altieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)