

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90202 014 \*\*\*150.00

**DOCUMENT # P94000010743**

**1. Entity Name**

**LITTLE ITALY OF ST LUCIE WEST PIZZA & ITALIAN RESTAURANT, INC.**

**Principal Place of Business**

**1329 NW ST. LUCIE WEST BLVD  
PORT ST. LUCIE FL 34986  
US**

**Mailing Address**

**PO BOX 7753  
PORT ST. LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3230034**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CATALDO, ANTONIO  
675 HIDDEN RIVER DRIVE  
PORT ST. LUCIE FL 34952**

**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**

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, 2002 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 D**  
**NAME CATALDO, ANTONIO**  
**STREET ADDRESS 675 HIDDEN RIVER DRIVE**  
**CITY-ST-ZIP PORT ST. LUCIE FL 34952**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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:**

**ANTONIO CATALDO**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-8-02**

**561 340-2086**

CR2E034 (9/01)