

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086284

1. Entity Name

M.T. PIZZA, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90083 029 ***150.00

Principal Place of Business

Mailing Address

9101 LAKE RIDGE BLVD
STE 19
BOCA RATON FL 33496
US

9101 LAKE RIDGE BLVD
STE 19
BOCA RATON FL 33496-2147
US

2. Principal Place of Business

1229 W. Palmetto

3. Mailing Address

1229 W. Palmetto

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca Raton FL

City & State
Boca Raton FL

City & State

Zip
33486

Country
USA

Zip
33486

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0649454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNETH M. KALEEL, P.A.
555 N. CONGRESS AVE., STE. 302
BOYNTON BEACH FL 33426

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, 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 ☐ Delete
NAME DPT
STREET ADDRESS TOMASSO, MICHAEL
CITY-ST-ZIP 1229 W. PALMETTO PARK RD.
BOCA RATON FL

TITLE ☐ Delete
NAME DVS
STREET ADDRESS TOMASSO, MARGARET
CITY-ST-ZIP 1229 W. PALMETTO PARK RD.
BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 561 392 2962

CR2E034 (9/99)