

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
996
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088455 (7)

1. Corporation Name

CARUSO'S BROOKSIDE PIZZARIA, INC.

Principal Place of Business

2000 S. OCEAN BLVD
#2M
POMPANO BEACH FL 33062

Mailing Address

2000 S. OCEAN BLVD
#2M
POMPANO BEACH FL 33062

2. Principal Place of Business

21 10641 Wiles Road
Suite, Apt. #, etc.

22

City & State

23 Coral Springs FL
Zip 33076 Country

24 33076 25

2a. Mailing Address

26 10641 Wiles Road
Suite, Apt. #, etc.

27

City & State

28 Coral Springs, FL
Zip 33076 Country

29 33076 30

9. Name and Address of Current Registered Agent

BABBITT, SCOTT B
800 W. CYPRESS ROAD
SUITE 502
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report

4. FEI Number

65-0709975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARUSO, SEBASTIANO
STREET ADDRESS 2000 S. OCEAN BLVD., #2M
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME RALPH CARUSO V.P.
2.3 STREET ADDRESS 665 STEWART Ave
2.4 CITY-ST-ZIP Bethpage NY 11714

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Ontonielia Coroso
3.3 STREET ADDRESS 665 STEWART Ave
3.4 CITY-ST-ZIP Bethpage NY 11714

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 6000022219
5.3 STREET ADDRESS -06/24/97--01043--004
5.4 CITY-ST-ZIP *****225.00 *****225.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sebastiano Caruso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/97

Date

Daytime Phone #

FILED

97 JUN 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (12/95)