

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091984

1. Entity Name

ROMAN DELIGHT OF WEST OAKS MALL, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90080 030 \*\*\*150.00

Principal Place of Business ROMAN DELIGHT 2951 MARINA BAY DR STE 130 LEAGUE CITY TX 77573 US	Mailing Address ROMAN DELIGHT 2951 MARINA BAY DR STE 130 LEAGUE CITY TX 77573-2785 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Roman Delight Pizza</i> <i>West Oaks Mall, Inc.</i> <i># 276</i>	3. Mailing Address Suite, Apt. #, etc.
City & State <i>Ocoee, FL</i>	City & State
Zip <i>34761</i>	Country <i>USA</i>

4. FEI Number <b>52-1957298</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 W. PALM BEACH FL 33401
---

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCOTTO, NICK</b> <b>1120 NASA RD ONE, STE 110</b> <b>HOUSTON TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCOTTO, DOMENIC</b> <b>43 SCARLET DR</b> <b>PARLIN NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <i>Teresa</i> <b>SCOTTO, TERESA</b> <b>1120 NASA RD ONE STE 110</b> <b>HOUSTON TX 77058</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Teresa Scotto Secretary* 3/2/00 281-335-7241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)