

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90009 019 \*\*\*150.00

**DOCUMENT # P96000060840**

1. Entity Name

**DALINO'S PIZZA INC.**

Principal Place of Business

**9 SOUTH ATLANTIC AVE.  
 COCOA BEACH FL 32931**

Mailing Address

**9 SOUTH ATLANTIC AVE.  
 COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

**295 GARFIELD AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cocoa Beach, FL**

Zip

Country

Zip

Country

**32931**

**USA**

4. FEI Number

**59-3389564**

Applied For

Not Applicable

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

**PIMENTA, ADELINO  
 295 GARFIELD AVENUE  
 COCOA BEACH FL 32931**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PIMENTA, ADELINO</b>	
STREET ADDRESS	<b>295 GARFIELD AVE.</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PIMENTA, DEBRA</b>	
STREET ADDRESS	<b>295 GARFIELD AVENUE</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

**DEBRA PIMENTA**

**4/15/01**

**321-784-5001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)