

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90048 045 \*\*\*150.00

DOCUMENT # **P960000090968**

1. Entity Name

**FRATELLO'S PIZZA, INC.**

Principal Place of Business

Mailing Address

**The Aloma Square 6716 Aloma Ave**  
**6716 Aloma Avenue Unit 29 Unit 29**  
**Winter Park FL 32792 Winter Park FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3407762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**770206**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Miceli, Jeff**  
**6716 Aloma Ave**  
**#201**  
**Winter Park, FL 32792**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6716 Aloma Ave**  
**Unit 29**  
 City **Winter Park** FL Zip Code **32792**

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

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

LE **P** **Miceli, Jeff** ☐ Delete  
 ME **1115 Pointe Newport Ter, #201**  
 REET ADDRESS **Casselberry FL 32707**  
 Y-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **6716 Aloma Ave**  
 STREET ADDRESS **Winter Park, FL 32792**  
 CITY-ST-ZIP

LE **VP** ☐ Delete  
 ME **Miceli, Michael**  
 REET ADDRESS **1115 Pointe Newport Ter, #201**  
 Y-ST-ZIP **Casselberry FL 32707**

TITLE ☒ Change ☐ Addition  
 NAME **6716 Aloma Ave**  
 STREET ADDRESS **Winter Park, FL 32792**  
 CITY-ST-ZIP

LE ☐ Delete  
 ME  
 REET ADDRESS  
 Y-ST-ZIP

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

LE ☐ Delete  
 ME  
 REET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 Y-ST-ZIP

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

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

**4/26/01**

Date

Daytime Phone #

**407 924-2771**

CR2E034 (11/00)