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**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

99 MAR 24 AM 9:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P97000022999**  
 1. Corporation Name  
**PIZZERIA UNO OF ALTAMONTE SPRINGS, INC.**

Principal Place of Business: 100 CHARLES PARK ROAD, WEST ROXBURY MA 02132  
 Mailing Address: 100 CHARLES PARK ROAD, WEST ROXBURY MA 02132

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1997**

4. FEI Number: **58-2326712** 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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, AARON D	1.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CRAIG S	2.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT M	3.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, ROBERT M	4.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEVER, DAMON M	5.2 NAME	
STREET ADDRESS	100 CHARLES PARK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ROXBURY MA 02132	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFROW, POLLAN	6.2 NAME	<i>AFrow, Allan</i>
STREET ADDRESS	100 CHARLES PARK RD	6.3 STREET ADDRESS	<i>100 Charles Park Rd</i>
CITY-ST-ZIP	WEST ROXBURY MA 02132	6.4 CITY-ST-ZIP	<i>West Roxbury, MA 02132</i>

14. 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 annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *Allen Afrow* 2/9/99 617-323-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Allen Afrow, Vice President, General Counsel & Secretary

CR2E034 (1/198)