

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91187 002 ***150.00

DOCUMENT # P97000022999

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	Spencer, Aaron D.	100 Charles Park Road, West Roxbury, MA02132		☐
D/P	Miller, Craig S.	100 Charles Park Road, West Roxbury, MA 02132		☐
D	Brown, Robert M.	100 Charles Park Road, West Roxbury, MA 02132		☒
V/T	Vincent, Robert M.	100 Charles Park Road, West Roxbury, MA 02132		☐
AS	Cullen, Magdalene A.	100 Charles Park Road, West Roxbury, MA 01232		☐
V/D	MacPhail, Paul W.	100 Charles Park Road, West Roxbury, MA 02132		☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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: *Magdalene A. Cullen*
 Magdalene A. Cullen, Assistant Secretary

CR2E034 (1/00)

5/8/01

(617) 323-9200