

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90001 005 ***550.00

0136786 AB

DOCUMENT # P97000089703

1. Entity Name

PIZZERIA REGINA OF FLORIDA, INC.

Principal Place of Business

**OVIEDO MARKETPLACE
1600 OVIEDO MARKETPLACE BLVD
OVIEDO FL 32765
US**

Mailing Address

**BOSTON RESTAURANT ASSOCIATES
999 BROADWAY, SUITE 400
SAUGUS MA 01906
US**

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

58-2367591

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PTD** ☐ Delete
NAME **CHAPDELAINE, GEORGE R**
STREET ADDRESS **999 BROADWAY, SUITE #400**
CITY-ST-ZIP **SAUGUS MA 01906**

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

TITLE **VP** ☐ Delete
NAME **ROSS, FRAN V**
STREET ADDRESS **999 BROADWAY, SUITE #400**
CITY-ST-ZIP **SAUGUS MA 01906**

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

TITLE **S** ☒ Delete
NAME **PENMAN, GORDON R**
STREET ADDRESS **ONE FINANCIAL CENTER**
CITY-ST-ZIP **BOSTON MA 02111**

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

TITLE **AS** ☒ Delete
NAME **HECHTMAN, ABIGAIL R**
STREET ADDRESS **ONE FINANCIAL CENTER**
CITY-ST-ZIP **BOSTON MA 02111**

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

TITLE **AS** ☐ Delete
NAME **FABRIZIO, ROBERT**
STREET ADDRESS **999 BROADWAY, SUITE 400**
CITY-ST-ZIP **SAUGUS MA 01906**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Robert Fabrizio**
STREET ADDRESS **999 Broadway, Suite 400**
CITY-ST-ZIP **Saugus, MA 01906**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

781-231-7575

Date

Daytime Phone #

CR2E034 (5/01)