

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED 3
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000007121
1. Entity Name
CASTLE NOVO PIZZA CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3001 W 12 AVE STE 10		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809568		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DE LEON, CARLOS T
Street Address (P.O. Box Number is Not Acceptable)
6090 W 14 LN

City HIALEAH **FL** **Zip Code** 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **CARLOS T DE LEON** **1/22/2007**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LEON, CARLOS T 6990 W 14 LN HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD00000611174 02/02/07-80050-020 150.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARLOS T DE LEON** **1/22/2007** **(786) 514-0086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #