

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065627

1. Entity Name

THE LITTLE ITALIAN PIZZERIA AND TRUCKING COMPANY

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90076 012 ***158.75

Principal Place of Business

740 OLEANDER DRIVE
 PLANTATION FL 33317

Mailing Address

740 OLEANDER DRIVE
 PLANTATION FL 33317-1824

2. Principal Place of Business

740 Oleander Dr.

3. Mailing Address

740 Oleander Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0853825

Applied For

Not Applicable

Zip

33317

Country

Broward

Zip

33317

Country

Broward

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

HOLT, GARY
 740 OLEANDER DRIVE
 PLANTATION FL 33317

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 Gary Holt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-27-00

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 \$150.00
After MAY 1, 2000 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

TITLE ☐ Delete
 NAME PST
 STREET ADDRESS HOLT, GARY
 CITY-ST-ZIP 740 OLEANDER DR
 PLANTATION FL 33316

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 persons empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27

Date

954-583-6055

Daytime Phone #

CR2E034 (9/99)