

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/11

FILED

Aug 28, 2000 8:00 am  
Secretary of State

08-10-2000 90009 027 \*\*\*150.00

DOCUMENT # P98000069508

1. Entity Name  
DELORETO, INC.

*Vol P*

Principal Place of Business  
732 ASPEN ROAD  
WEST PALM BEACH FL 33409

Mailing Address  
732 ASPEN ROAD  
WEST PALM BEACH FL 33409

2. Principal Place of Business  
1516 N. Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
1516 N. Dixie Hwy  
Suite, Apt. #, etc.

City & State  
LAKE WORTH FL

City & State  
LAKE WORTH FL

Zip  
33460

Country  
PALM BEACH

Zip  
33460

Country  
PALM BEACH

4. FEI Number 65-0851160

☒ Applied For  
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEITZ, WILLIAM R P.A.  
1387 S.W. 18TH STREET  
BOCA RATON FL 33486

Name Thomas Deloreto

Street Address (P.O. Box Number is Not Acceptable)

1516 N. Dixie Hwy

City LAKE WORTH FL Zip Code 33460

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 Thomas Deloreto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-00

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DELORETO, THOMAS 299 HACH LANE WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DELORETO, DOROTHY 732 ASPEN ROAD WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELORETO, ALFRED 7552 NEMEC DRIVE, N. WEST PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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 OF REGISTERED AGENT

7/25/00 (561) 586-8588  
Date Daytime Phone #

CR2E034 (5/00)

Doc# P98 000069508

309440

**DeLoreto's Restaurant**  
**1516 N Dixie Hwy**  
**Lake Worth, FL 33460**  
**(561) 586-8588**

August 05, 2000

Attn: Tyrone Scott  
Department of Corporation Licensing:

Letter forwarded per our telephone conversation.

On July 15, 2000 we received in the mail a licensing renewal form. The price on the renewal was \$500 to be paid by September 30, 2000. After consulting with other business owners found that we could have renewed in January for \$150.

We never received the renewal previously. Upon reviewing the paperwork we notice that the license renewal was sent to the wrong address. Our business is located at the address listed above. They sent the renewal to 732 Aspen Rd., a 68yr old woman who is a silent partner who had no idea what to do with the form if she had received it.

Please understand that we are new business owners and still learning what is required of us. Your consideration is appreciated. (You have already received the \$150 check.)

Once again thank you for your help.

Sincerely,

Thomas DeLoreto  
President

