

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071613

1. Entity Name

NEW YORK PIZZA PLUS INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90026 011 ***150.00

Principal Place of Business

6201 RIDGE RD.
PORT RICHEY FL 34654

Mailing Address

6201 RIDGE RD.
PORT RICHEY FL 34654

2. Principal Place of Business

7810 US 19 N

3. Mailing Address

7810 US 19 N

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

Zip

34668

Country

USA

Zip

34668

Country

USA

6. Name and Address of Current Registered Agent

TRAPEO, GARY
11011 ISLAND PINE DRIVE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-3536455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 Trapeo GARY TRAPEO Pres.

4-22-01

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 \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	TRAPEO, GARY	
STREET ADDRESS	11011 ISLAND PINE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, GUY	
STREET ADDRESS	7716 GRAND BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TRAPEO, STEPHANIE	
STREET ADDRESS	11011 ISLAND PINE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gary Trapeo GARY TRAPEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

Date

(727)847-5900

Daytime Phone #

CR2E034 (10/00)