

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 044 ***150.00

DOCUMENT # P98000078786

1. Entity Name

LORENZO'S PIZZERIA OF NAPLES, INC.

Principal Place of Business

Mailing Address

8793 Tamiami Trail East
No. 205
Naples, FL 34113-3338

8793 Tamiami Trail East
No. 205
Naples, FL 34113-3338

2. Principal Place of Business

3. Mailing Address

8793 Tamiami Trail East
Suite, Apt. #, etc.
No. 205

8793 Tamiami Trail East
Suite, Apt. #, etc.
No. 205

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3536653

Applied For

Not Applicable

Zip

34113-3338

Country

U.S.A.

Zip

34113-3338

Country

U.S.A.

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

Michael Cholobel, Esq
1460 Brickell Ave., Suite 212
Miami, FL 33131

Name

Michael Cholobel

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

1460 Brickell Avenue, Suite 212

City

Miami

FL

Zip Code

33131

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.

Michael Cholobel

04-09-01

(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) ☐

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 **P/T/D** ☒ Delete
NAME **Lorenzo Sommaggio**
STREET ADDRESS **8793 Tamiami Trail East, #205**
CITY-ST-ZIP **Naples, FL 34113-3338**

TITLE **P/T/D** ☒ Change ☐ Addition
NAME **Lorenzo Sommaggio**
STREET ADDRESS **8793 Tamiami Trail East, #205**
CITY-ST-ZIP **Naples, FL 34113-3338**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Lorenzo Sommaggio, 04-09-01 (305)381-8810
President.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (6-99)