

2002 **UNIFORM BUSINESS REPORT (UBR)****FILED****May 15, 2002 8:00 am**
Secretary of State

05-15-2002 90066 004 ***150.00

DOCUMENT # P98000078786

1. Entity Name

LORENZO'S PIZZERIA OF NAPLES, INC. ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8397 Tamiami Trail East

3. Mailing Address

8793 Tamiami Trail East

Suite, Apt. #, etc.

No. 205

Suite, Apt. #, etc.

No. 205

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34113-3338

Country

USA

Zip

34113-3338

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3536653

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Michael Cholobel

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

1460 Brickell Ave., Suite 212

City

Miami**FL**

Zip Code

33131**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Cholobel**04-22-02**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**January 1 - May 1 Fee is \$150.00**
After May 1 Fee is \$550.00
Amended UBR is \$6125
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees11. **OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**P/T/D**
Lorenzo Sommaggio
8793 Tamiami Trail East, 205
Naples, FL 34113-3338TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:**Lorenzo Sommaggio, President. 04-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)