

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083236

1. Entity Name

SAFE PIZZA DELIVERY, INC.

FILED

Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90379 033 \*\*\*150.00

Principal Place of Business

Mailing Address

*Dominos Pizza*

*2800 N. Military Tr. #100  
W. Palm Beach, FL 33409*

2. Principal Place of Business

3. Mailing Address

*2800 N. MILITARY TRAIL*

*PO BOX 223091*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*# 100*

City & State

City & State

*WEST PALM BEACH, FL*

*WEST PALM BEACH, FL*

Zip

Zip

*33409*

*33422-3091*

Country

Country

*USA*

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-0866699*

Applied For

Not Applicable

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

*MENAPACE, BERNIE*

*3580 S. Ocean Blvd. #3B*

*PALM BEACH FL*

*33480*

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.

*N/A*

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>MENAPACE, BERNIE</i>	
STREET ADDRESS	<i>3580 S. Ocean Blvd. #3B</i>	
CITY-ST-ZIP	<i>PALM BEACH FL 33480</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Bernie Menapace* **REQUIRED** *BERNIE MENAPACE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*(561) 688-5452*

Daytime Phone #

CR2E034 (9/99)