

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90145 001 ***150.00
 04-11-2000 90145 002 *****8.75

DOCUMENT # P99000007428

1. Entity Name
CAFE PRANZO, INC.

Principal Place of Business Mailing Address
C/O JONATHAN H. GREEN & ASSOCIATES. P.A. **C/O JONATHAN H. GREEN & ASSOCIATES. P.A.**
799 BRICKELL PLAZA, SUITE 700 **799 BRICKELL PLAZA, SUITE 700**
MIAMI FL 33131-2816 **MIAMI FL 33131-2805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1166 KANE CONCOURSE **P.O. BOX 54-6543**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
BAY HARBOR ISLAND FLORIDA **SURFSIDE FLORIDA** **65-0890343** Not Applicable
 Zip Country Zip Country
33154 **USA** **33154** **USA**

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

6. Name and Address of Current Registered Agent
GREEN, JONATHAN H
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131-2816

7. Name and Address of New Registered Agent
 Name
CAFE PRANZO INC
 Street Address (P.O. Box Number is Not Acceptable)
1166 KANE CONCOURSE
 City State Zip Code
BAY HARBOUR ISLAND **FL** **33154**

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]* **DANIELLE SANTOPIETRO** **PRESIDENT CAFE PRANZO INC 4/15/00**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JONATHAN H	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 700	
CITY-ST-ZIP	MIAMI FL 33131-2816	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	SANTOPIETRO, DANIELLE	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 700	
CITY-ST-ZIP	MIAMI FL 33131-2816	
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOPIETRO DANIELLE	
STREET ADDRESS	P.O. BOX 54-6543	
CITY-ST-ZIP	SURFSIDE FLORIDA 33154	
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: *[Signature]* **DANIELLE SANTOPIETRO** *[Signature]* **4/15/00** **(305) 566-3905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)