

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90148 006 ***150.00

DOCUMENT # P99000025256

1. Entity Name

BIG APPLE PIZZA & PASTA FRANCHISER, INC.

Principal Place of Business

**3601 SE OCEAN BLVD., SUITE 202
 STUART FL 34996-6737**

Mailing Address

**3601 SE OCEAN BLVD., SUITE 202
 STUART FL 34996-6737**

2. Principal Place of Business

3725 S.E. OCEAN BLVD.

Suite, Apt. #, etc.

SUITE 100

City & State

SEWALL'S POINT, FL

Zip

34996

Country

USA

3. Mailing Address

3725 S.E. OCEAN BLVD.

Suite, Apt. #, etc.

SUITE 100

City & State

SEWALL'S POINT, FL

Zip

34996

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GALANTE, EDWARD B
 516 CAMDEN AVE.
 STUART FL 34994**

7. Name and Address of New Registered Agent

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.

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, 2002 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 **PSVT** ☐ Delete
 NAME **LINO, LOUIS T**
 STREET ADDRESS **3601 SE OCEAN BLVD., SUITE 202**
 CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Delete
 NAME **LINO, LOUIS T**
 STREET ADDRESS **3601 SE OCEAN BLVD., SUITE 202**
 CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6 ISLAND ROAD**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6 ISLAND ROAD**
 CITY-ST-ZIP

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

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

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 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

LOUIS LINO

3/20/02

561-223-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)