## 2000 UNIFORM BUSINESS REPORT (UBR)

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changed, or on an attachment

SIGNATURE:

## FILED DOCUMENT # 838598 Mar 03, 2000 8:00 am **Secretary of State** JACMAR PACIFIC PIZZA CORPORATION 03-03-2000 90211 018 \*\*\*150.00 Principal Place of Business Mailing Address 2200 WEST VALLEY BLVD. 2200 WEST VALLEY BLVD. ALHAMBRA CA 91803 ALHAMBRA CA 91803-1928 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 95-2808722 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINCH, PHILLIP Street Address (P.O. Box Number is Not Acceptable) **GRAY HARRIS AND ROBINSON** 201 E. PINE STREET ORLANDO FL 32802 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HILL. R RANDOLPH NAME NAME STREET ADDRESS STREET ADDRESS 2200 W VALLEY BLVD CITY-ST-ZIP CITY-ST-ZIP ALHAMBRA CA Change Maddition ☐ Delete TITLE NAME TILLEY, WILLIAM H NAME STREET ADDRESS 2200 W VALLEY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALHAMBRA CA ☐ Delete ☐ Change Addition TITLE DAL-POZZO-JAMES-A-NAME NAME STREET ADDRESS 2200 W VALLEY BLVD STREET ADDRESS CITY-ST-ZIP ALHAMBRA CA CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MURAKAMI, NAME NAME STREET ADDRESS STREET ADDRESS 2200 W. VALLEY BLVD. CITY-ST-ZIP CITY-ST-ZIP ALHAMBRA CA 91803 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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