2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # G04759** May 04, 2000 8:00 am Secretary of State PIZZA U.S.A. MANAGEMENT, INC. 05-04-2000 90158 006 ***150.00 Mailing Address Principal Place of Business 1761 W HILLSBORO BLVD. 1761 W HILLSBORO BLVD. SUITE 401 SUITE 401 DEERFIELD BEACH FL 33442-1563 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 59-2227261 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHALEN, NANCY 1761 W HILLSBORO BLVD. SUITE 401 **DEERFIELD BEACH FL 33442** 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. RAYMOND W. NEVIN/PRES. (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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CASTELLANO, M.MARK, II NAME NAME STREET ADDRESS 1761 W HILLSBORO BLVD, #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition Change Delete TITLE TITLE CASTELLANO, JOHN NAME NAME STREET ADDRESS 1761 W HILLSBORO BLVD., #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Change ☐ Addition ☐ Detete TITLE TITLE **NEVIN, RAYMOND** NAME NAME 1761 W HILLSBORO BLVD., #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND W. NEVIN/PRES.

954-428-5660

Daytime Phone #