2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # G04759** 1. Entity Name PIZZA U.S.A. MANAGEMENT, INC. 04-12-2001 90186 037 ***150.00 Principal Place of Business Mailing Address 1761 W HILLSBORO BLVD. 1761 W HILLSBORO BLVD. SUITE 401 SUITE 401 D0035514 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2227261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN **NEVIN, RAYMOND W** 1761 W HUISBORO #401 **DEERFIELD BEACH FL 33442** 8. The above named entity s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** d 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete TITLE ☐ Addition TITLE ☐ Change CASTELLANO, M.MARK, II NAME NAME 1761 W HILLSBORO BLVD. #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL PRES. TITLE ☐ Delete TITLE Change CASTELLANO, JOHN NAME NAME STREET ADDRESS 1761 W HILLSBORO BLVD., #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE TITLE ☐ Change ☐ Addition NAME **NEVIN, RAYMOND** NAME STREET ADDRESS 1761 W HILLSBORO BLVD., #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fring 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 the 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 empreced 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