

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90114 042 ***150.00

DOCUMENT # H67231

1. Corporation Name

PIZZA U. S. A. OF METRO-DADE, INC.

Principal Place of Business

METRO-DADE CTR. BLDG
111 NW 1ST STREET, BAY M-135
MIAMI FL 33128
US

Mailing Address

1761 W HILLSBORO BLVD
SUITE 401
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1985

4. FEI Number

59-2581311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

~~WHALEN, NANCY~~
1761 W HILLSBORO BLVD SUITE 401
BUILDING 9 SUITE 1B
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

Raymond W. Nevin

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CASTELLANO, M. MARK II
STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE D
NAME CASTELLANO, JOHN
STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE P
NAME NEVIN, RAYMOND
STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

TITLE S
NAME WHALEN, NANCY
STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401
CITY-ST-ZIP DEERFIELD BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)