2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # H67231** PIZZA U. S. A. OF METRO-DADE, INC. 05-04-2000 90158 005 ***150.00 Principal Place of Business Mailing Address 1761 W HILLSORO BLVD METRO-DADE CTR. BLDG 111 NW 1ST STREET, BAY M-135 SUITE 401 DEERFIELD BEACH FL 33442 MIAMI FL 33128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2581311 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 WHALEN, NANCY 1761 W HILLSBORO BLVD SUITE 401 **BUILDING 9 SUITE 1B** DEERFIELD BEACH FL 33442 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE 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. D TITLE Change ☐ Addition TITLE Delete NAME NAME CASTELLANO, M. MARK II STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Change Addition Delete TITLE TITLE NAME CASTELLANO, JOHN NAME STREET ADDRESS STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NEVIN, RAYMOND NAME STREET ADDRESS 1761 W HILLSBORO BLVD SUITE 401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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