

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67232

1. Entity Name

PIZZA U. S. A. OF POMPANO, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90158 007 ***150.00

C0081837



DO NOT WRITE IN THIS SPACE

Principal Place of Business
FESTIVAL FLEA MARKET
2900 W. SAMPLE RD., BAY 65
POMPANO BCH FL 33067
US

Mailing Address
1761 W HILLSBORO BLVD
SUITE 401
DEERFIELD BEACH FL 33442-1563
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2581038**
Applied For ☐ Not Applicable ☐

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHALEN, NANCY
1761 W HILLSBORO BLVD SUITE 401
DEERFIELD BEACH FL 33442

Name *Raymond W. Nevin*
Street Address (P.O. Box Number is Not Acceptable) *1761 W. Hillsboro Blvd #401*
City *Deerfield Beach* FL Zip Code *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.

SIGNATURE *Raymond W. Nevin* RAYMOND W. NEVIN/ PRES. *4/28/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO II, M. MARK	
STREET ADDRESS	1761 W HILLSBORO BLVD SUITE 4011	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO, JOHN	
STREET ADDRESS	1761 W HILLSBORO BLVD SUITE 401	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEVIN, RAYMOND	
STREET ADDRESS	1761 W HILLSBORO BLVD SUITE 401	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond W. Nevin* RAYMOND W. NEVIN/ PRES *4/28/00* *954-428-5660*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)