

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 8:00 am
Secretary of State**

01-26-2001 90051 020 ***158.75

DOCUMENT # J19945

1. Entity Name

MR. D'S PIZZA, INC.

Principal Place of Business

**4260 PETERS RD
PLANTATION FL 33317**

Mailing Address

**4260 PETERS RD
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2686951**

Applied For

Not Applicable

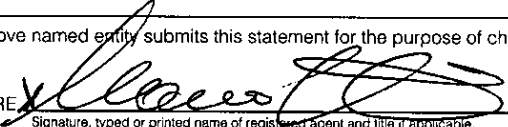
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLMER, JUDE
4260 PETERS RD
PLANTATION FL 33317**Name **Mario Aivazian**Street Address (P.O. Box Number is Not Acceptable)
4260 Peters RoadCity **Fort Lauderdale** FL Zip Code **33317**

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 

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

(NOTE: Registered Agent signature required when reinstating)

Mario Aivazian Pres/Director 1/16/01

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, 2001 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	PD	☒ Delete
NAME	ELLMER, JUDE	
STREET ADDRESS	4260 PETERS RD	
CITY-ST-ZIP	PLANTATION FL	

TITLE	STD	☐ Delete
NAME	AIVAZIAN, MARIO	
STREET ADDRESS	4260 PETERS RD	
CITY-ST-ZIP	PLANTATION FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	Aivazian, Mario	
STREET ADDRESS	4260 Peters Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33317	

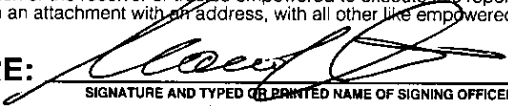
TITLE	STD	☐ Change ☒ Addition
NAME	Aivazian, Mari F.	
STREET ADDRESS	4260 Peters Road	
CITY-ST-ZIP	Ft. Lauderdale, FL 33317	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Aivazian 1/16/01 954-581-0373

Date

Daytime Phone #

CR2E034 (10/00)