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

DOCUMENT # K69788

1. Corporation Name

MARIOS NEW YORK PIZZA & RESTAURANT #1, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90002 040 ***150.00



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Principal Place	e of Business	Mailing Address				-	DI 1811 81811 8181	i minit minti di	Bit dinte tans
19101 SW 57TH CT. 19101 SW 57TH CT.									
FORT LAUDERDALE FL 33332 FORT LAUDERDALE FL 33332									
						DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
						03/02/1989			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number			olied For
21	المشيعية والراب المبتعب ارقي المتدرية			<u> </u>				\$8.75 A	t-Applicable ~
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired		Fee Red	
22 27 City & State City & State						- FI 13 0	•		
						6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	, ,
28 Zip Country Zip			Country				nt vear Inten		
			30	,		8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes ☐ No			
	9. Name and Address of Curre		[50]	Τ	•	10. Name and Address of New R			
 	4. Hame and Address of Vote			81	Name			_	$\neg \neg$
PECORARO, MATTEO						(50.5.4)	L1-X		
19101 SW 57TH CT.				82	Street Add	dress (P.O. Box Number is Not Acceptable)			ĺ
FORT LAUDERDALE FL 33332				83					
1								T1	
	÷			84	City		FI	85 Zip C	ode
44 Pureuant	to the provisions of Sections 607.05	502 and 607.1508. Florida S	tatutes, the	above	l e-named cor	poration submits this statement for the	purpose of ch	nanging its	registered
l office or r	registered agent, or both, in the Stat	e of Florida. Such change w	as authorize	ed by	the corporat	ion's board of directors. I hereby accep	t the appoint	ment as rec	jistered
agent. i a	im familiar with, and accept the oblig	gations of, Section 607.0505	, riorida sia	lules	•				1
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable.	NOTE: Registere	d Agen	t signature requir	red when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
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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.

Date