FILED
May 14, 2003 8:00 am
Secretary of State
03-31-2003 90001 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011313

1. Entity Name
ART'S PIZZA, LLC

44001592

Principal Place of Business	Mailing Address
2030 INTRACOASTAL DR. FT. LAUDERDALE FL 33305	2030 INTRACOASTAL DR. FT. LAUDERDALE FL 33305

☐ CHECK HERE IF MAKING CHANGES

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: 03-043908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTMAN, ERICA 2030 INTRACOASTAL DR. FT. LAUDERDALE FL 33305	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ERICA HARTMAN, Managing Member 2030 Intracoastal Drive Fort Lauderdale FL 33305	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME: Jennifer Freeman, Managing Member STREET ADDRESS: 455 E 57 ST #8C CITY-ST-ZIP: NY NY 10022	☐ Change ☐ Addition
TITLE / NAME: Robert Feldman, Managing Member STREET ADDRESS: 289 Church Street CITY-ST-ZIP: NY NY 10013	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Erica Hartman 5/9/03 954 537 3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #