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## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **L89606**

1. Entity Name

HAVE A SLICE INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

|  |  |  |   |                              | 02-0   | /3-2000 2002                                    | 1 015                     | **150.00                           |                          |
|--|--|--|---|------------------------------|--|---|---------------------------|------------------------------------|--------------------------|
| Principal Plac   | e of Business  | Mailing Address  |   | <del>_</del> -               |  |   |                           |                                    |                          |
| 536 W. SAMPLE ROAD<br>POMPANO BEACH FL 33064<br>US   |  | 536 W. SAMPLE ROAD<br>POMPANO BEACH FL 33064-2754<br>US  |   |                              |  |   |                           |                                    |                          |
| 2. Principal Place of Business  Suite, Apt. #, etc.  City & State  |  | 3. Mailing Address Suite, Apt. #, etc.   |   |                              | DO NOT WRITE IN THIS SPACE   |   |                           |                                    |                          |
|  |  |  |   |                              |  |   |                           |                                    |                          |
|  |  | Zip  | Country   | Zip                          | Country  | <b>5</b> . C                                    | Certificate of            | Status Desired                     |                          |
|  | 6. Name and Address of Currer  | it Registered Agent  |   | 7. N                         | lame and Ad  | idress of New R                                 | egistered                 | Agent                              |                          |
|  |  | ر بر الم <del>رسب المساعدة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة</del> | Name  |                              |  |   | _                         |                                    |                          |
| 2309   | CCHIAVERNA, ROBERT<br>97 SW 53RD AVE   |  | Street Addre  |                              | ox Number is   | Not Acceptable                                  | )                         |                                    | ·                        |
| ВОС  | CA RATON FL 33433  |  | City  | <del>-</del>                 |  |   | F                         | Zip Co                             | de                       |
| SIGNATURE .  |  | ALOTT  | Control to the control of   | andre d'arte de la constant  | · · · · · · · · · · · · · · · · · · ·  | <del> </del>                                    | DAYE                      |                                    |                          |
| 9. This corpo  | Signature, typed or printed name of registered age<br>pration is eligible to satisfy its Intangible<br>equirement and elects to do so. | FILE NOW!  | Registered Agent signature re<br>III FEE IS \$150.00<br>00 Fee will be \$550.   | 00                           | 10. Election   | on Campaign Fir<br>Fund Contribution            | -                         | \$5.0                              | 00 May Be                |
| 9. This corporate filling rate (See criter   | oration is eligible to satisfy its Intangible equirement and elects to do so.  | FILE NOW! After MAY 1, 20 Make Check Payab   | III FEE IS \$150.00<br>00 Fee will be \$550.<br>de to Department of   | 00<br>State                  | 10. Election   | Fund Contribution                               | nancing<br>n.             | \$5.1<br>Adde                      | ed to Fees               |
| 9. This corporate for the state of the state | oration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AN  P MACCHIAVERNA, ROBERT 23097 SW 53 AVE.    | FILE NOW! After MAY 1, 20 Make Check Payab   | III FEE IS \$150.00 00 Fee will be \$550. le to Department of  12.  TITLE  NAME  STREET ADDRESS   | 00<br>State                  | 10. Election   |   | nancing<br>n.             | \$5.1<br>Adde                      | RS IN 11                 |
| 9. This corporate fax filing r (See criter) 11. TITLE NAME   | oration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AN  P MACCHIAVERNA, ROBERT                     | After MAY 1, 20 Make Check Payab   | III FEE IS \$150.00  00 Fee will be \$550.  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  THEE  THE  THE  THE  THE  THE  THE  | OO State  AD  F  INNEG 093 S | 10. Election Trust for Tru | Fund Contribution  IANGES TO OFF  DWARD  TERRAC | nancing<br>n.<br>ICERS AN | S5. Adde  ID DIRECTOR  Change      | RS IN 11                 |
| 9. This corporate for the corp | oration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AN  P MACCHIAVERNA, ROBERT 23097 SW 53 AVE.    | After MAY 1, 20 Make Check Payab D DIRECTORS   | III FEE IS \$150.00  00 Fee will be \$550.  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  THEE  THE  THE  THE  THE  THE  THE  | OO State  AD  F  INNEG 093 S | 10. Election Trust for Tru | Fund Contribution IANGES TO OFF                 | nancing<br>n.<br>ICERS AN | S5. Adde  ID DIRECTOR  Change      | RS IN 11  Additi         |
| 9. This corporate for the street address city-st-zip  Title name Street address city-st-zip   | oration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AN  P MACCHIAVERNA, ROBERT 23097 SW 53 AVE.    | After MAY 1, 20 Make Check Payab D DIRECTORS  Delete   | III FEE IS \$150.00  00 Fee will be \$550.  le to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  | OO State  AD  F  INNEG 093 S | 10. Election Trust for Tru | Fund Contribution  IANGES TO OFF  DWARD  TERRAC | nancing<br>n.<br>ICERS AN | S5. Adde                           | RS IN 11  Additi  Additi |
| 9. This corporates filing in the corporate filing in t | oration is eligible to satisfy its Intangible equirement and elects to do so.  OFFICERS AN  P MACCHIAVERNA, ROBERT 23097 SW 53 AVE.    | After MAY 1, 20 Make Check Payab D DIRECTORS Delete Delete   | III FEE IS \$150.00  00 Fee will be \$550.  10 to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS | OO State  AD  F  INNEG 093 S | 10. Election Trust for Tru | Fund Contribution  IANGES TO OFF  DWARD  TERRAC | nancing<br>n.<br>ICERS AN | S5. Adda ID DIRECTOR Change Change | RS IN 11 Additi          |

13. I hereby certify that the information supplied with this filing does not quality 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 office for 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

2/1/00 PRESIDENT

954-28203

Daytime Phone #