

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90284 020 \*\*\*150.00

<b>DOCUMENT # L89606</b>			
1. Entity Name <b>HAVE A SLICE, INC.</b>			
Principal Place of Business <b>536 W. SAMPLE ROAD POMPANO BEACH FL 33064 US</b>		Mailing Address <b>536 W. SAMPLE ROAD POMPANO BEACH FL 33064 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0209801</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>MACCHIAVERNA, ROBERT 23097 SW 53RD AVE BOCA RATON FL 33433</b>		7. Name and Address of New Registered Agent Name <b>EDWARD FINNEGAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1093 SW 24 TER.</b> City <b>DEERFIELD BEACH, FL</b> Zip Code <b>33442</b>	
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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 **EDWARD FINNEGAN** *[Signature]* **2/12/02**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>MACCHIAVERNA, ROBERT</b> STREET ADDRESS <b>23097 SW 53 AVE.</b> CITY-ST-ZIP <b>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete		TITLE <del>PRESIDENT</del> NAME <del>ROBERT MACCHIAVERNA</del> STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>FINNEGAN, EDWARD</b> STREET ADDRESS <b>1093 SW 24 TERRACE</b> CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b> <input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>EDWARD FINNEGAN</b> STREET ADDRESS <b>1093 SW 24 TERRACE</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL. 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED EDWARD FINNEGAN** *[Signature]* **2/12/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)