

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90134 034 \*\*\*150.00

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**DOCUMENT # M61727**

1. Entity Name  
**A SLICE OF ITALY CORPORATION**



Principal Place of Business  
**321 N. UNIV. DR.  
PLANTATION FL 33324  
US**

Mailing Address  
**1100 NW 105TH WAY  
PLANTATION FL 33322  
US**

2. Principal Place of Business  
**1779 NW 91 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1779 NW 91 AVE**  
Suite, Apt. #, etc.

City & State  
**PLANTATION FL**  
Zip  
**33322**  
Country  
**USA**

City & State  
**PLANTATION FL**  
Zip  
**33322**  
Country  
**USA**

4. FEI Number  
**65-0061472**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
**LEFF, JACK S  
1100 NW 105TH WAY  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent  
Name  
**LEFF, JACK S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1779 NW 91 AVE**  
City  
**PLANTATION** FL Zip Code  
**33322**

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 *Jack S. Leff Pres.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-27-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEFF, JACK S 1100 NW 105TH WAY PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LEFF, N. C 1100 NW 105TH WAY PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1779 NW 91 AVE 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1779 NW 91 AVE 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack S. Leff Pres.* **4-27-03** **954-370-1377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)