FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P00000033460 1. Entity Name 02-05-2002 90151 023 ***150.00 ANTELOPE VALLEY MALL PIZZA SYSTEMS, INC. Principal Place of Business Mailing Address 100 SE 2ND STREET 100 SE 2ND STREET **SUITE 2620 SUITE 2620 MIAMI FL 33131** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 2601 Hollywood 2601 Hollywood Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number 65-1003698 Fla. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMOLER, LERMAN, BENTE & WHITEBROOK, P.A. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET 2611 Hollywood **SUITE 2620 MIAMI FL 33131** Zip Code Hollywood 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE ☐ Delete WEINKLE, BARNEY NAME NAME 2601 Hollywood Blud. 100 SE 2ND STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 reporties 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 of the corporation or the receiver or the receiver of the receiver or the receiver of the receiver of the receiver or the receiver or the receiver of the receiver of the receiver of the receiver or the receiver of the receiver of the receiver of the receiver or the receiver of t