FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91561 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041340

1. Entity Name
BRUCE'S NEW YORK PIZZA, INC.

Principal Place of Business	Mailing Address
~~9800 S HWY 17-92~~ ~~FORT PARK FL 32730~~	947 VINEBRIDGE RYN #204 BLDG 9 ALTAMONTE SPRINGS FL 32714

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
947 VINE RIDGE RUN	
Suite, Apt. #, etc.: #204 BLD 9	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS	City & State
Zip: 32714 / Country: U.S.A	Zip / Country

4. FEI Number: 59-3639666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURNAZI, BEDRI 947 VINEBRIDGE RYN #204 BLDG 19 ALTAMONTE SPRINGS FL 32714	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.

SIGNATURE Bedri Burnazi 3/31/02
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)

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BURNAZI, BEDRI 947 VINERIDGE RYN #204 BLD 9 ALTAMONTE SPRINGS FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Bedri Burnazi 2/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #