FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90420 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041340

70053476

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

Principal Place of Business	Mailing Address
947 VINERIDGE RUN #204 BLD 9 ALTAMONTE SPRINGS, FL 32714	947 VINEBRIDGE RYN #204 BLDG 9 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
1455 EAST SEMOLAN BLVD	1455 EAST SEMORAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CASSELBERRY FL	City & State: CASSELBERRY FL
Zip: 32707 Country: SEMINOLE	Zip: 32707 Country: SEMINOLE

☐ CHECK HERE IF MAKING CHANGES

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

BURNAZI, BEDRI
947 VINEBRIDGE RYN
#204 BLDG 19
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: BURNAZI BEDRI
Street Address (P.O. Box Number is Not Acceptable): 5424 WHITE HERON PLACE
OVIEDO
City: FL Zip Code: 32765

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: [signature] 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PSTD BURNAZI, BEDRI 947 VINERIDGE RYN #204 BLD 9 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BURNAZI BEDRI 5424 WHITE HERON PLACE OVIEDO FL 32765 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #