2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000064337 <√ 1. Entity Name FILED FAT BOY'Z PIZZA & WINGS, #101, Inc. 01 APR -9 PM 2: 39 Principal Place of Business 4238 HOLLYWOOD BOULEVARD 4238 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1026535 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM MITCHELL <u>MICHAEL P. STRIAR</u> Street Address (P.O. Box Number is Not Acceptable) 4238 HOLLYWOOD BOULEVARD 3864 SHERIDAN STREET HOLLYWOOD, FL 33021 City FL HOLLYWOOD 33021 se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the pa 03/28/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE P/D WILLIAM MITCHELL ★ Change ☐ Addition TITLE D WILLIAM MITCHELL ☐ Delete NAME NAME STREET ADDRESS 4799 HOLLYWOOD BOULEVARD 4799 HOLLYWOOD BOULEVARD STREET ADDRESS HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change_ Addition TITLE TITLE 900003995629----04/12/01--01129--001 NAME NAME STREET ADDRESS STREET ADDRESS ****370.00 ****150.00 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE 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 [3Section 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 apprecia, with all other like imported.

SIGNATURE:

D TYPED OR

RINTED NAME

03/28/01

954-966-1424

Daytime Phone #

CR2E034 (11/00)