FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91172 002 ***550.00

DOCUMENT # P00000078842

1. Entity Name
Toppings Gourmet Pizza INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1708 North Golden Rod Rd	1708 North Golden Rod Rd
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State Orlando FL	City & State Orlando FL
Zip 32807 Country ORange	Zip 32807 Country ORange

DO NOT WRITE IN THIS SPACE

4. FEI Number 593665826 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Kenneth DAvenport

Street Address (P.O. Box Number is Not Acceptable)
1502 Canary Street

City Longwood FL Zip Code 32750

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 Kenneth Davenport Kenneth DAvenport Resident
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE PRESIDENT NAME PEDRO PABLO BARRIENTOS STREET ADDRESS 1708 N. GOLDENROD Rd. 32807 CITY-ST-ZIP ORLANDO FL.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD. NAME GLORIA JORQUERA STREET ADDRESS 1708 N. GOLDENROD Rd CITY-ST-ZIP ORLANDO FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pedro Pablo Barrientos. President. 05-28-02 407.384 3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #