2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91155 045 ***150.00

DOCUMENT # P 00000089847

1. Entity Name
Piccola Pizza Restaurant Corporation

Principal Place of Business	Mailing Address
5200 NW 31 Avenue Ft. Lauderdale Fl. 33309	5200 NW 31 Avenue Ft. Lauderdale Fl. 33309

769154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
55 S. Cortez Drive	55 Cortez Drive
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: Margate Fl.	City & State: Margate Fl.
Zip: 33068 / Country	Zip: 33068 / Country

4. FEI Number 65-1042876 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Global Business Solution Corp.
5440 State Road 7 Suite 221
Ft. Lauderdale Fl. 33319

7. Name and Address of New Registered Agent
Name: Global Business Solutions Corp.
Street Address (P.O. Box Number is Not Acceptable): 1990 Weston Road
Suite 210
City: Weston FL Zip Code: 33326

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: X [signature] - Maria A. Diaz - Vice-President — DATE: 04.30.01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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 Mandon Luz M. 5200 NW 31 Avenue Ft. Lauderdale Fl. 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] — 04.30.01 — 954.535.5482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #