2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90405 007 ***150.00

C0068745

DOCUMENT # P 00000105461

1. Entity Name

RB PIZZA, INC.

Principal Place of Business: 450 N LAKE BLVD #2 LAKE PARK FL 33403

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 N LAKE BLVD #2	450 N LAKE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #2
City & State: LAKE PARK, FL	City & State: LAKE PARK, FL
Zip: 33403 Country:	Zip: 33403 Country:

4. FEI Number: 65-1058014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK

7. Name and Address of New Registered Agent

Name: MOHAMMAD RAHGOZAR
Street Address (P.O. Box Number is Not Acceptable): 450 N LAKE BLVD #2
City: LAKE PARK **FL** Zip Code: 33403

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 [signature] MOHAMMAD RAHGOZAR 4-24-2001
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, 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	PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOHAMMAD RAHGOZAR		NAME	
STREET ADDRESS	450 N LAKE BLVD #2		STREET ADDRESS	
CITY - ST - ZIP	LAKE PARK, FL 33403		CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	

CR2E034 (11/00)

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] PRESIDENT 4-24-01 9546807759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1