2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am § Secretary of State P01000004913 DOCUMENT # 1. Entity Name ROMEO'S GIANT SUBS INC. 05-22-2002 90127 036 ***150.00 Principal Place of Business 'Mailing Address 7200 N. MILITARY TRAIL 7200 N. MILITARY TRAIL WEST PALM BEACH FL 33407-6414 WEST PALM BEACH FL 33407-6414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-109416 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOUSDOUKOS, CHRISTINA** Street Address (P.O. Box Number is Not Acceptable) 851 CYPRESS WAY EAST PALM SPRINGS FL 33406 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)... Change : Addition **BOUSDOUKOS, CHRISTINA** NAME NAME STREET ADDRESS 7200 N. MILITARY TRAIL CR2E034 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33407-6414 CITY-ST-ZIP TITLE **Delete** TITLE Change ☐ Addition NAME **BOUSDOUKOS, PANAGIOTIS** NAME STREET ADDRESS .7200 N. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407-6414 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **BOUSDOUKOS, ANDREAS** NAME STREET ADDRESS 7200 N. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407-6414 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CÎTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP

1-30-02 (561) 8446188

FILED