

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-08-2002 90003 044 ***150.00

2002 UNIFORM BUSINESS REPORT**DOCUMENT # P01000007048**

1. Entity Name

DIANE'S TWO GUYS PIZZA, INC.

Principal Place of Business

1372 SE 17TH STREET
FT. LAUDERDALE FL 33316

Mailing Address

1372 SE 17TH STREET
FT. LAUDERDALE FL 33316

2. Principal Place of Business

1145 SO FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

1145 SO FEDERAL HWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL
Zip 33316 Country

City & State

FT. LAUDERDALE FL
Zip 33316 Country

4. FEI Number

65-1105372

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

MILIAN, MIGUEL
1372 SE 17TH STREET
FT. LAUDERDALE FL 33316

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)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIAN, MIGUEL 1372 SE 17TH STREET FT. LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DIANE E 1372 SE 17TH STREET FT. LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 information.

SIGNATURE:

MIGUEL A. MILIAN

Date

Daytime Phone #

07/14/2002

954-764-2000

CR2004 (9/01)