

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90052 024 \*\*\*150.00

**DOCUMENT # P01000007048**

**1. Entity Name**  
**DIANE'S TWO GUYS PIZZA, INC.**



**Principal Place of Business**  
**1145 S. FEDERAL HWY**  
**FT. LAUDERDALE FL 33316**  
**US**

**Mailing Address**  
**1145 S. FEDERAL HWY**  
**FT. LAUDERDALE FL 33316**  
**US**

400000670



**2. Principal Place of Business**  
*Same as above*  
Suite, Apt. #, etc.

**3. Mailing Address**  
*Same as above*  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**City & State**

**4. FEI Number** **65-1105372**

**Applied For**  
**Not Applicable**

**Zip** **Country**

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name** *MILIAN, Miguel*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*1145 So Federal Hwy.*  
**City** *Ft. Lauderdale* **FL** *33316*

**8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** *01/02/03*

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/02/03*  
Date

*954-764-2000*  
Daytime Phone #

CR2E034 (10/02)