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

## **Secretary of State** P01000008142 DOCUMENT # 01-23-2003 90210 005 \*\*\*150.00 1. Entity Name A & K NEW YORK PIZZA, INC. Mailing Address Principal Place of Business 7800 S MASY 17.92 2904 DARIN COURT FERNPARK FL 32730 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3691237 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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 3270子 165 ELIBELA 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE \_ (NOTE: Registered Agent signature required when reinstating) DATE ature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition CR2E034 (10/02) Delete KADERIU, ARIAN NAME NAME 2904 DARIN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE Delete ☐ Change NAME JUNKSHI, KUJTIM NAME STREET ADDRESS 2904 DARIN COURT STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE Delete ŤΠF - 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 TITLE Delete Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

Jan 23, 2003 8:00 am

SIGNATURE: ARD TYPE OF PRINTED NAME OF SIGNATURE AND TYPE OF PRINTED NAME OF P

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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

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