

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038381

1. Entity Name
MIMO'S PIZZA, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90086 034 ***150.00

0107902 AV

Principal Place of Business
3492 POLYNESIAN ISLE BLVD.
KISSIMMEE FL 34746

Mailing Address
3492 POLYNESIAN ISLE BLVD.
KISSIMMEE FL 34746

B0130100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3711931		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CHAU, AGNES ESQ. 207 E LIVINGSTON ST. ORLANDO FL 32801				7. Name and Address of New Registered Agent Name MOHAMED T. SAYAH Street Address (P.O. Box Number is Not Acceptable) 10903 Mystic Circle # 203 City ORLANDO FL Zip Code 32836			
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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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 9/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSAUDI, BEN H 10836 MISRIC CIR., APT. 102 ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benhassouina, Messaoudi 5250 WARRIOR LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIH, MOHAMED T 10836 MISRIC CIR., APT. 102 ORLANDO FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYAH, MOHAMED T. 10903 Mystic Circle # 203 ORLANDO, FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] 9/11/02 407-483-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

MIMO'S PIZZA, INC.
3492 Polynesian Isle Blvd.
Kissimmee, FL 34746
Tel: (407) 483-4444

#PO/000638381

September 11, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

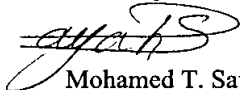
To Whom It May Concern:

Please find enclosed the check for the amount of \$150.00 to pay for the yearly registration of the corporate name.

We did not receive the UBR until July and are now receiving a second notice. Please accept the payment and eliminate the penalty. We received the notice late, therefore, we would like to pay but not be penalized.

Your prompt response to this matter is greatly appreciated.

Sincerely,



Mohamed T. Sayah
Director

Enclosures:

Check for \$150.00
UBR with FEIN number completed