2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000121163 1. Entity Name 05-23-2002 90023 032 ***150.00 SOPRANOS NEW YORK PIZZA, PASTA & SUBS #3, CORP. Principal Place of Business Mailing Address 782 NW 42ND AVENUE 782 NW 42ND AVENUE SUITE #328 **SUITE #328** MIAM) FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 0375688 Not Applicable Zip Country 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 THE SOLANO GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 782 NW 42ND AVENUE SUITE #328 **MIAMI FL 33126** City Zip Code 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 Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) NAME BELILTY, ISAAC NAME STREET ADDRESS 7401 SW 24 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BELILTY, MENAHEM NAME STREET ADDRESS 7401 SW 24 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE -Delete TITLE Change Addition NAME NAME MARINA, JOSE STREET ADDRESS STREET ADDRESS 7401 SW 24 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address

Daytime Phone #

FILED