FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 015 ***155.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80080389

DOCUMENT # P02000058453

1. Entity Name
PAPA Z'S PIZZA & MORE, INC.

Principal Place of Business
6225 ROSE TERRACE
PLANTATION, FL 33317

Mailing Address
6225 ROSE TERRACE
PLANTATION, FL 33317

[redacted]

2. Principal Place of Business: 3834 N University Dr
Suite, Apt. #, etc.
City & State: Sunrise FL
Zip: 33351 Country: USA

3. Mailing Address: 3834 N University Dr
Suite, Apt. #, etc.
City & State: Sunrise FL
Zip: 33351 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0705381 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ZEOLI, VIVIAN
6225 ROSE TERRACE
PLANTATION, FL 33317

7. Name and Address of New Registered Agent
Name: David Silberglait
Street Address (P.O. Box Number is Not Acceptable): 11456 SW 18 CT
City: Miramar FL Zip Code: 33025

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 submitting) DATE: 4/8/03

[redacted]

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	ZEOLI, VIVIAN	6225 ROSE TERRACE	PLANTATION, FL 33317	☑ Delete
D	ZEOLI, MICHAEL	6225 ROSE TERRACE	PLANTATION, FL 33317	☑ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
O	Carmen LaFauci	1531 NW 124 Terr	Sunrise Fl 33323	☑ Change ☑ Addition
O	Judi LaFauci	1531 NW 124 Terr	Sunrise Fl 33323	☑ Change ☑ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

CR2EC34 (10/02)

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: Carmen LaFauci — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Carmen LaFauci — Date: 4/8/03 — Daytime Phone #