

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90076 047 ***150.00

DOCUMENT # P02000128243

1. Entity Name
CITY PIZZA OF WEST PALM BEACH, INC.



Principal Place of Business
**632 HIBISCUS ROAD STE 110
WEST PALM BEACH FL 33401**

Mailing Address
**632 HIBISCUS ROAD STE 110
WEST PALM BEACH FL 33401**

90144451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0508652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARLING, HARVEY H
7000 WEST PALMETTO PARK ROAD STE 404
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

LIRIM JAKUPI

Street Address (P.O. Box Number is Not Acceptable)

5004 ELPIRE WAY

City

PALM BEACH GARDENS FL

Zip Code

33418

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPST**
STREET ADDRESS **JAKUPI, LIRIM**
CITY-ST-ZIP **5004 ELPIRE WAY
PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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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

7/9/03 561-833-2323

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

HARVEY H. HARLING
Counsellor at Law

90144451

Harvey H. Harling

Admitted to Practice in
Florida and Massachusetts
Florida Supreme Court Certified
County Court & Family Mediator

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E-mail: Harlinglaw@aol.com

July 15, 2003

STATE OF FLORIDA
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attention: Secretary of State

Reference: CITY PIZZA OF WEST PALM BEACH, Inc. Document # P02000012843

Dear Sir/Madam:

This is the first notice we received. No prior annual report was sent to us. Kindly waive the \$400.00 penalty. Our check for \$150.00 is enclosed.

Thank you for your prompt attention and assistance in this matter.

Sincerely,
LIRAM JAKUPI,
President and Director


by: Harvey H. Harling

HHH:ad
encl.