

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 040 ***150.00

DOCUMENT # *1960000 40638*

1. Entity Name

PIZZA PALACE INC.

DO NOT WRITE IN THIS SPACE

44046005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

332 N DIXIE HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

Zip

Country

Zip

Country

33460 PALM BEACH

4. FEI Number

65-0663282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *AGIM DULOV - PRES*
NAME
STREET ADDRESS *332 N DIXIE HWY*
CITY-ST-ZIP *LAKE WORTH, FL 33460*

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DID NOT REPORT ANNUAL FEES PLEASE REABATE

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Agim Dulov*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGIM DULOV

Date

Daytime Phone #

5/24/04 433-9372

CR2E034B (12/01)