2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000049392** Aug 15, 2000 8:00 am Secretary of State TOWN'S PIZZA, INC. 08-15-2000 90014 011 ***150.00 01-24-2000 90024 012 ***150.00 Principal Place of Business Mailing Address 3806 S. OCEAN DR. 3806 S. OCEAN DR. HOLLYWOOD FL 33019-2904 HOLLYWOOD FL 33019-2904 POSTACION 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0668451 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent MARTINEZ, CARLOS C Street Address (P.O. Box Number is Not Acceptable) 3806 S. OCEAN DR. HOLLYWOOD FL 33019-2904 Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE MARTINEZ, CARLOS C NAME NAME STREET ADDRESS 7597 WEST 30TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ____ Addition Delete _ ____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 employered 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 PECALITICAL SIGNATURE AND TYPED OR PAINTED NAME OF BIGNING OFFICER OR DIRECTOR

8/11/00

456-707

Daytime Phone #

| 2000 | UNIFORM BU | JSINESS REPO |)RT (| UBR) | A | 100 | TO COM | 建 | ? | | 7 |
|--|--|---|--|---------------------|---|--|---|---|--|---|----------------|
| DOCUMENT # P96000049392 1. Entity Name TOWN'S PIZZA, INC. | | | | | | REJECTED 01-24-2000 90024 012 **** 150.00 P96000049392 | | | | | |
| TOWN'S PIZZA, INC | | | | =: (<u>\$</u> | 1 | 11/1 | achme | n | - | | |
| Principal Plac | e of Business | Mailing Address | | | 7/ | 10079 | 919 | | | | |
| 3806 S. OCEAN DR. HOLLYWOOD FL 33019-2904 US | | 3806 S. OCEAN DR. HOLLYWOOD FL 33019-280 US ³ | HOLLYWOOD FL 33019-2904 | | | | | | THE LANDIE | == <u> </u> - | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN | N THIS SP | ACE | | _ |
| City & State | 9 | City & State | City & State | | | 4. FEI Number 65-0668451 Applied For No: Applicable | | | | | |
| Zip | Country | Zip | Countr | y | <u></u> | ertificate of | Status Desired[| | 8.75 Add e Required | | ٠ |
| | 6. Name and Address of Cu | rrent Registered Agent | | Name | 7. N | ame and Ad | ldress of New Regis | tered Ag | ent | | <i>\</i> . |
| MARTINEZ, CARLOS C 3806 S. OCEAN DR. | | | | | ss (P.O. Bo | ox Number is | Not Acceptable) | | | | |
| | YWOOD FL 33019-2904 | | | City | | | | FL | Zip Code | | |
| 8. The above | named entity submits this statem | ent for the purpose of changing its | s registered | d office or regi | stered age | ent, or both, i | n the State of Florida | | | | |
| I SIGNATURE | 11/4 | <u></u> | · | | <u> </u> | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered | d agent and title if applicable (NC) | TE: Registered | Agent signature rec | pired when rei | (Orizasan | | DATE | | | |
| Tax filing r | oration is eligible to satisfy its Intar requirement and elects to do so. ria on back) | After MAY 1, 20 | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str | | | | | | | | |
| 11. | OFFICERS | | 12. | | AD | DITIONS/CH | IANGES TO OFFICE | | | | 6 |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | PTD MARTINEZ, CARLOS C 7597 WEST 30TH AVENUE | ☐ Delete | NAME STREET CITY-S | T ADDRESS | | | | ٠ . |] Change | Addition | CR2E034 (9/99) |
| TITLE NAME | HIALEAH FL 33016 | ☐ Delete | TITLE NAME | | | | | [| Change | ☐ Addition | 8 |
| STREET ADORESS CITY - ST - ZIP | | | STREET CITY-S | TADDRESS ST-ZIP | | | | • | | | |
| TITLE NAME | _ | Delete | TITLE NAME | | | | | (| Change | Addition | - |
| STREET ADDRESS CITY-ST-ZIP | | من با الماري المسلمة الماري المسلمة الماري المسلمة الماري الماري الماري الماري الماري الماري الماري الماري الم | 4 | TADORESS ST-ZIP | , | ~ | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | title Name Street | T ADDRESS | | | | [| _ Change | ☐ Addition | |
| CITY-ST-ZIP | | | СПУ-5 | 31-ZIP | · | | | | 7.00 | (T) Addition | |
| NAME STREET ADDRESS | 4 [4] 1] (4 (4) 2 で 6 [4] 1 1 1 1 1 1 1 1 1 | ☐ Delete | TITLE NAME STREET GITY-S | ADDRESS | , | • | - | L | _ Change | Addition | } |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE | ADORESS | | | | | Change | Addition | |
| CITY-ST-ZIP 13. I hereby of indicated of the core | or on an amacrimen; with an acida | d with this filing does not qualify to port is true and accurate and that empowered to execute this report ress, with all other like empowered | or the exemination of the common of the comm | | Section 1 the same le 607, Floric | 19.07(3)(i), Fegal effect at da Statutes; a | Florida Statutes. I furt s if made under oath and that my name an | ther certify that I am pears in E | that the in an officer of lock 11 or (a) | formation or director Block 12 if 5 1) | <u> </u> |