

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90018 006 ***150.00

DOCUMENT # P97000049196

1. Entity Name

GIOVANNI'S PIZZERIA & RESTAURANT INC.

Principal Place of Business

Mailing Address

7920 WEST SAMPLE ROAD
MARGATE FL 33065
US7920 WEST SAMPLE ROAD
MARGATE FL 33065-4712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0763720

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MUHAMER ZEIQIRI**
7920 W SAMPLE RD
MARGATE FL 33065

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **MUHAMER ZEIQIRI**
STREET ADDRESS **7920 W SAMPLE RD**
CITY-ST-ZIP **MARGATE FL 33065**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒
NAME **FLORIM ZEIQIRI**
STREET ADDRESS **7920 W. Sample Road**
CITY-ST-ZIP **Coral Springs, FL 33063**TITLE ☐ Change ☒
NAME **KUJTIM ZEIQIRI**
STREET ADDRESS **7920 W. Sample Road**
CITY-ST-ZIP **Coral Springs, FL 33063**TITLE ☐ Change ☐
NAME **JAKUP ZEIQIRI**
STREET ADDRESS **7920 W. Sample Road**
CITY-ST-ZIP **Coral Springs, FL 33063**TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Muhamer Zeqiri - **Muhamer ZEIQIRI** 2-2-00 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President)

Date

Daytime Phone # 752-756