FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057284

1. Corporation Name

PIZZA UNIVERSE INC.

Principal Plac 12223 S DIXIE MIAMI FL 3315	HWY	Mailing Address 12223 S DIXIE HWY MIAMI FL 33156					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 06/30/1997	
2. Principal P	lace of Business	2a. Mailing Address				4. FET Number Applied For	
21		26				65-0556003 Not Applicab	
Suite, Apt	#, etc.	Suite Apt #, etc				5 Could also of Status Descind [] \$8.75 Additional	
22		27				Fee Required	
City & Stat	te	City & State				6. Effection Gampaign Financing \$5.00 May Be	
Z _{ip}	Country	28	Cour	ntrv		Trust Fund Contribution Added to Fees	
24	[25]		30	*(· y		This corporation twee the current year Intangible Personal Property Tax	
241	9. Name and Address of Current		ا ا			10. Name and Address of New Registered Agent	
000				81	Name		
	AGHATPISHEH, HAMID			82	Street Adde	ress (P.O. Box Number is Not Acceptable)	
#31	5 SW 107 AVE						
1	u MI FL 33173			83			
MIZ	MI FL 33173		ł	84	City	85 Zip Code	
					•	FL * * * * * * * * *	
SIGNATURE	m familiar with, and accept the obligate Signature typed or product name of register as agent OFFICERS AND	and விளிக்கில் (NOTE			great me response	OWNER AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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STREET ADDRESS					ORESS		
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STREET ADDRESS	MIAMI FL 33156		L	14-51 Z		****120.00 ****120.00	
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NAME			3.2 NAS	990			
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14. Thereby 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like diagnostic feet.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-59

FILED

\$3 AFR 29 MII: 47

CECLEMANY OF STATE LALLAHYSSEY, FLORIDA

Daytime Et coor#