## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000004121 1. Entity Name

## FILED May 09, 2000 8:00 am Secretary of State

JEHHY &	3 Joe's Pizza Franchis	SE CURP.				05-09-200	0 90071 (	)35 ***1:	50.00
Principal Plac	ce of Business	Mailing Address -	Mailing Address						
TOO PALM AVE		4799 PALM AVE. HIALEAH FL 33012-4037							
2. Principal F	Place of Business	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITI	IN THIS SP	ACE S	er inn inn
City & State		City 9 State	City & State		1 4 5	El Number		I Jan	plied For
City & State					65-0811294			No	t Applicable
Zìp	Country	Zip	Count	У	5. 0	Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Cui	rrent Registered Agent	~	Name	7. N	lame and Address of New Re	gistered Ag	ent.	
DARROW, KENNETH F					s (P.O. Box Number is Not Acceptable)				
9200	S. DADELAND BLVD., SUITE	412	}						<del> </del>
MIAN	MI FL 33156			City				Zip Code	9
-				<u> </u>			FL		<del></del>
8. The above	e named entity submits this stateme	ent for the purpose of changing i	its registere	d office or registe	ered age	ent, or both, in the State of Flor	ida.		
SIGNATURE									
. –	Signature, typed or printed name of registered	1		Agent signature require	ed when re	einstating)	DATE		
Tax filing	oration is eligible to satisfy its Intar requirement and elects to do so. eria on back)	After MAY 1, 2  Make Check Paya	2000 Fee v	vill be \$550.00	ate	10. Election Campaign Fina Trust Fund Contribution	ancing _	<b>\$5.0</b> Added	May Be to Fees
11		AND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI			
NAME	D CRUZ, ENRIQUE	☐ Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4799 PALM AVE. HIALEAH FL 33013			T ADDRESS ST-ZIP					
TITLE	110 122 11 1 2 330 10	☐ Delete	TITLE		-			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					1 C pmm
TITLE NAME		☐ Delete	, TITLE NAME				-	Change ~	Addition
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-ST-ZIP		Delete	TITLE	01-ZIF				☐ Change	Addition
NAME			NAME	T ADORESS					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	-,-				
TITLE		☐ Delete	TITLE					Change	Addition
NAME _ STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP		<del></del> -			
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		المناه والمام المام الما		ST-ZIP	ootion.	110 07/3//i) Florido Statutos I	further certif	fu that the it	formation
indicated	certify that the information supplied d on this report or supplemental reportation or the receiver or trustee	nort is true and accurate and that	it my signati	ire shall have the	e same	legal effect as if mrade under o	ath; that I an	n an officer	or airector
changed	or on an attachment with an add	ress, with all other like empowere	ed.	JG Dy Chapter 60	.,, ( 1011	Salar		_,_,,	J. 1211 1 1 1
SIGNAT	rure: _ ૽૽૽૽૽૽ૺૺ૾ૺૺૺ૾ૺ	will I	TEO .		9	4/30/200	<u> </u>		
J. W. 10-10	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTO	DR .	77	Date	Day	time Phone #	<u></u>