## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPE OF THE

DOCUMENT # P98000030521  1. Entity Name RAISE ORIGINAL PIZZA, INC.					Secretary of State 05-08-2002 90062 008 ***150.00			
Principal Place of Business 4316 FOREST HILL BLVD. WEST PALM BEACH FL 33415		Mailing Address 4316 FOREST HILL BLVD. WEST PALM BEACH FL 33415						
2. Principal	Place of Business	3. Mailing Address				8183        881 <b>0</b>   <b>  </b>	10 1100) 1101 1001	
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . F	El Number <b>65-0835369</b>		Applied For	
Zip	Country	Zíp ·	Country	5. 0	Certificate of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Current Re	egistered Agent		7. 1	lame and Address of New Registere	·	<del></del>	
TRONI, SAMI 4316 FOREST HILL BLVD. WEST PALM BEACH FL 33415			Name Street Addres					
WEST FALIN BEACH FE 30415			City	City FL Zip Code				
8. The above	e named entity submits this statement for the	ne purpose of changing its re	gistered office or regis	tered age				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	Registered Agent signature requi	ired when rei	instating) DATI	<u>.</u>		
Tax filing requirement and elects to do so. After May 1,			/!!! FEE IS \$150.00 002 Fee will be \$550.00 ble to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D TRONI, SAMI 4316 FOREST HILL BLVD. WEST PALM BEACH FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
13. I hereby c indicated of the corp changed,	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empoye or on an attachment with an address	s jing does not qualify for the eand accurate and that my stred to execute this report as all other like empowered.	e exemption stated in S signature shall have the required by Chapter 60	Section 11 same le 07, Florida	19.07(3)(i), Florida Statutes. I further c gal effect as if made under oath; that a Statutes; and that my name appears	ertify that the in I am an officer in Block 11 or	nformation or director Block 12 if	