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FILED
Mar 19, 2001 8:00 am
Secretary of State

02-01-2001 90190 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033953

1. Entity Name

GINO'S PIZZA, II, inc. ✓

Principal Place of Business — Mailing Address

[redacted]

65377

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
120 S. Orange Ave	120 S. Orange Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32801 — Country: USA	Zip: 32801 — Country: USA

4. FEI Number: 65-0829312 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Brito, George
407 Lincoln Rd. #5C
Miami Beach, Fl. 33139

7. Name and Address of New Registered Agent

Name [redacted]

Street Address (P.O. Box Number is Not Acceptable) [redacted]

City [redacted] FL Zip [redacted]

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: Ben Darwish, Pres. — 1-22-01

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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ben Darwish	NAME	
STREET ADDRESS	120 S. Orange Ave	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pres. — 3-15-01 — 407-247-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ben Darwish