2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90098 015 ***150.00

DOCUMENT # P98000042428

1. Entity Name
SAL'S PIZZA AND SUBS #118, INC.

Principal Place of Business	Mailing Address
7668 BRUNSON CIRCLE LAKE WORTH FL 33467	7668 BRUNSON CIRCLE LAKE WORTH FL 33467-7795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9082 B GARDENS PKWY
Suite, Apt. #, etc.:
City & State: BOCA RATON FL
Zip: 33486 Country: PALMBCH

3. Mailing Address: SAME AS
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0838692 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STELLINO, JOSEPHINE
9082 B GARDENS PKWY
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STELLINO, JOSEPHINE 9082-B GARDENS PKWY BOCA RATON FL 33486	☐ Delete		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNO, EMANUELE 7668 BURNSON CIRCLE LAKE WORTH FL 33467	☒ Delete		☐ Change ☐
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐

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: Josephine Stellino Josephine Stellino 561-615 0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-11-00