2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P98000066083

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

SQUIGGY'S PIZZERIA, INC.

207 SW 2ND STREET FT LAUDERDALE FL 33301		P.O. BOX 970345 COCONUT CREEK FL 33097-0345						
2. Principal P	lace of Business	3. Mailing Address 207 S.W. 2nd Street		reet				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO	NOT WRITE IN THIS	SPACE	
City & State		Fort Lauderdale, FL		FL 4	FEI Number 65-0852410			oplied For ot Applicable
Zip	Country	Zip 33301	Country USA	5.	. Certificate of Status	Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	tegistered Agent		7,	Name and Address	of New Registered	Agent	
	E, STEVEN PA CORPORATE BLVD N.W.		Name Street Ac	ddress (P.O.	Box Number is Not A	Acceptable)		
BOC	City	FL Zip Code						
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent an		registered office or					
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of S		50.00				
11.	OFFICERS AND D	DIRECTORS	12.	<i>-</i>	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANIS, FRANK 20252 OCEAN KEY DRIVE BOCA RATON FL 33495	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 STE :	Corpora-	te Blud. FL. 33431	⊠ Change N.W.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICHARDS, ELIZABETH 22221 SANDS POINT DR. BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 STE 3:	Corporat	e Blud. 19	© Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete -	NAME STREET ADDRESS CITY-ST-ZIP	~			☐ Change	☐ Addition
TITLE TIAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE		Delete	TITLE NAMF				☐ Change	Addition

STREET ADDRESS

CITY-ST-ZIP

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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 12, 2000 8:00 am Secretary of State 01-12-2000 90074 023 ***150.00

Daytime Phone #