2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91338 028 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000004480

1. Entity Name
CONEY ISLAND PIZZA, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
731 S. Semoran Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State
Zip: 32807 Country: USA	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Richard Maru
1818 W. Minnesota Ave.
DeLand, Fl 32720

7. Name and Address of New Registered Agent
Name: JOSE SALAZAR
Street Address (P.O. Box Number is Not Acceptable): 731 S. Semoran Blvd.
Orlando, Fl 32807
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 ✓ [signature] Jose D Salazar 4/30/01
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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Maru, DPST 1818 W. Minnesota Ave. DeLand, Fl 32720 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hector Colon, Pres. 3229 Athena Dr. Winter Park, Fl 32792 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE SALAZAR, Vice Prs., Sec./Treas. 186 Timber Lake Dr. Davenport, FL 33837 ☑ Change ☐ Addition
TITLE / NAME / 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
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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)(l), 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: ✓ [signature] Jose D Salazar 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #