2000 UNIFORM BUSINESS REP BR) 4/12/

APPROVED AND FILED
04-12-2000 90049 035 ***150.00
P99000007688

FILED
00 JUN -5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000007688

1. Entity Name
MILANS' PIZZA & DELI, INC.

Principal Place of Business
16459 N.E. 6TH AVE.
N. MIAMI BEACH FL 33162

Mailing Address
16459 N.E. 6TH AVE.
N. MIAMI BEACH FL 33162-3675

2. Principal Place of Business: 509 Idlewild Drive
Suite, Apt. #, etc.
City & State: Ft Laud, FL
Zip: 33301 Country: Broward

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

4. FEI Number: 65-0992144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROTH, MITCHEL W
16459 N.E. 6TH AVE.
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name: Joseph Chmielarz
Street Address (P.O. Box Number is Not Acceptable): 4651 SW 163 Ave.
City: Ft Lauderdale, FL FL Zip Code: 33331

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: Joseph Chmielarz 4/22/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CHMIELARZ, ABE 509 IDLEWILD DR. FT. LAUDERDALE FL 33301 ☐ 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

SP

CR2E034 (9/99)

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: [signature] 4-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #