

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT #

1. Entity Name

P99000022462  
ROCKY'S PIZZA & WINGS, INC.

FILED

00 NOV 13 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
4401 W. Hillsboro Blvd.      4401 W. Hillsboro Blvd.  
Coconut Creek, FL 33073      Coconut Creek, FL 33073

2. Principal Place of Business      3. Mailing Address  
10101 W. Oakland Park Blvd.      10101 W. oakland Park Blvd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
Sunrise, FL      Sunrise, FL      65-0900952      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
33351      US      33351      US            \$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent                    |  | 7. Name and Address of New Registered Agent  |  |
|--|--|--|--|
| Rosanne Bavero<br>10101 W. Oaklnad Park Blvd.<br>Sunrise, FL 33351 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (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!!! FEES IS \$750.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Gary Brown<br>4401 W. Hillsboro Blvd.<br>Coconut Creek, FL 33073<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Gary Brown<br>10101 W. Oaklnad Park Blvd.<br>Sunrise, FL 33351<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP;D<br>Rosanne Bavero<br>4401 W. Hillsboro Blvd.<br>Coconut Creek, FL 33073<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP;D<br>Rosanne Bavero<br>10101 W. Oaklnad Park Blvd.<br>Sunrise, FL 33351<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

300003487423-7  
-12/05/00-01047-017  
\*\*\*\*150.00      \*\*\*\*150.00  
 Change       Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gary Brown      Gary Brown      11/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**Daniel J. Weinberg, C.P.A.**

**Daniel J. Weinberg**  
Certified Public Accountant

Member:

American Institute of CPA's  
New York State Society of CPA's  
Florida Institute of CPA's

November 7, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Rocky's Pizza & Wings, Inc.  
Document # P99000022462  
2000 Uniform Business Report

To Whom It May Concern:

Please be advised that the above referenced Corporation never received their 2000 Uniform Business Report. Enclosed please find a completed Annual Report and check for \$150.00 for the filing fee. Please note we have updated the "Principal Place of Business" and "Mailing Address" for this Corporation.

As this Corporation was newly formed on March 11, 1999 the directors were unaware of this filing and with the change in location they never received the Report.

We respectfully request that you accept the Annual Report and payment of \$150.00 and abate the late filing penalty. The directors have been made aware of this annual filing and will file all future Annual Reports on a timely basis.

Very truly yours,

*Daniel J. Weinberg*

**Daniel J. Weinberg**  
Certified Public Accountant

DJW/he  
:rocky.2000.annual.rep.wpd: