

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90217 039 ***150.00

DOCUMENT # P99000030832

1. Entity Name
CARINI'S PIZZA, INC.



Principal Place of Business
**9720 PINES BLVD.
PEMBROKE PINES FL 33024**

Mailing Address
**9720 PINES BLVD.
PEMBROKE PINES FL 33024**

2. Principal Place of Business
814 N FEDERAL HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HALLANDALE FL

City & State

4. FEI Number **65-0908956**

Applied For
Not Applicable

Zip **33009** Country **U S**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, THOMAS E

Name

Street Address (P.O. Box Number is Not Acceptable)

~~430 GOLDEN ISLES DR STE 504~~ **9841 NW 35TH STREET**
~~HALLANDALE FL 33009~~ **HOLLYWOOD, FL 33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FRANCO, THOMAS E**
CITY-ST-ZIP **430 GOLDEN ISLES DR**
HALLANDALE FL 33009

TITLE ☒ Change ☐ Addition
NAME **T/S**
STREET ADDRESS **9841 NW 35TH STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GONZALEZ, RAMON F**
CITY-ST-ZIP **3065 NW 11TH ST.**
MIAMI FL 33125

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **JOSEPH FRANCO**
CITY-ST-ZIP **442 ALAMANDA DRIVE**
HALLANDALE, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon F Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-03 984 4574444