2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000037385 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name LAMARTINA BRICK OVEN PIZZA, INC. 09-14-2000 90014 025 ***550.00 Principal Place of Business Mailing Address 1877 HILLSBORO BLVD. 1877 HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-09308V9 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFREY LAMARTINA **BOTWINICK, RANDY** Street Address (P.O. Box Number is Not Acceptable) 11098 BISCYANE BLVD. SUITE 405 **MIAMI FL 33161** BOCA DATUN 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 IOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to FILE NOW!!! FEE IS \$550.00 atisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Change ☐ Addition TITLE Defete TITLE LAMARTINA, DOROTHY A NAME NAME STREET ADDRESS 11607 ORANGE BLOSSOM LANE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP **Addition** Change ☐ Delete TITLE TITLE LA MARTIN A LA MACETINA NAME NAME JUAN MOZZOUA SARASO MOZZO JET TO MAN CO Dom B 11607 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP_ ッシャンと ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

9/12/00

Daytime Phone #

☐ Change

☐ Addition