

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039157

1. Entity Name  
HOLLYWOOD PIZZA CO.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90944 050 \*\*\*150.00

Principal Place of Business  
1000 S. ATLANTIC  
DAYTONA BCH FL 32118

Mailing Address  
1000 S. ATLANTIC  
DAYTONA BCH FL 32118

2. Principal Place of Business

3. Mailing Address

801 Little Pine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

South Daytona, FL

Zip

Country

Zip

Country

32119

Volusia

4. FEI Number 59-3571010

Applied For  
Not Applicable

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

ROMADAN, A. STEPHEN  
1000 S. ATLANTIC  
DAYTONA BCH FL 32118

Name: Mina Wally  
Street Address (P.O. Box Number is Not Acceptable):  
801 Little Pine Drive  
City: South Daytona FL Zip Code: 32119

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: Mina Wally  
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**  
**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	ST RAMADAN, ALI S 1000 S ATLANTIC AVENUE DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMADAN, ALI A 460 RIDGEWOOD AVENUE HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mina Wally 801 Little Pine Drive South Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Adam Wally 801 Little Pine Drive South Daytona, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mina Wally	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mina Wally 801 Little Pine Dr South Daytona FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mina Wally  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)