

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
 06-09-2000 90219 001 ***150.00

DOCUMENT # P99000080801 ✓
 1. Entity Name
Pizza Hollywood Inc.

00063134

Principal Place of Business: **5800 Hollywood Blvd. Hollywood, Fl. 33021 Space FV-802**
 Mailing Address:

Principal Place of Business: **5800 Hollywood Blvd. Suite, Apt. #, etc. ACE-FV-802**
 Mailing Address: Suite, Apt. #, etc.
 City & State: **Hollywood, FLA.**
 City & State:

4. FEI Number: **65-0958768**
 Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

Zip: **33021** Country: **Broward**
 Zip: Country:

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

6. Name and Address of Current Registered Agent
KRISTINE LAY
385 SW 34th Way
Hollywood, FL 33312

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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!!! 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: CHRISTINE LAY <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CHRISTINE LAY		NAME:	
STREET ADDRESS: 385 SW 34th Way		STREET ADDRESS:	
CITY-ST-ZIP: Hollywood FL 33312		CITY-ST-ZIP:	
TITLE: Pres./Tres. <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SALVATORE AMICO		NAME:	
STREET ADDRESS: 11689 N.W. 12th Street		STREET ADDRESS:	
CITY-ST-ZIP: CORAL SPRINGS, FL 33071		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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:  **JUNE 5, 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **(954) 346-8226**
 Date: _____ Daytime Phone # _____

CR2/E034 (9/99)