

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.

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

Principal Place of Business 3. Mailing Address
 5800 Hollywood Blvd.
 Suite, Apt. #, etc.
 ACE- FV-802
 City & State Suite, Apt. #, etc.
 Hollywood, FL
 Zip Country Zip Country
 33021 Broward

4. FEI Number Applied For
 65-0958768 Not Applicable

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

6. Name and Address of Current Registered Agent
 KRISTINE LAY
 3385 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 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, 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
STREET ADDRESS	3385 SW 34th Way		NAME		
CITY - ST - ZIP	Hollywood FL 33312		STREET ADDRESS		
	Pres./Tres.		CITY - ST - ZIP		
TITLE	SALVATORE AMICO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11689 N.W. 12th Street		NAME		
CITY - ST - ZIP	Coral Springs, FL 33071		STREET ADDRESS		
	V.P./Sec		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY - ST - ZIP			STREET ADDRESS		
			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY - ST - ZIP			STREET ADDRESS		
			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY - ST - ZIP			STREET ADDRESS		
			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 (954) 346-8226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21034 (9/99)