

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101539

1. Entity Name

CASINO, PIZZA, PASTA & SUB INTERNATIONAL INC.

Principal Place of Business

12200-1 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

Mailing Address

12200-1 SAN JOSE BLVD.  
JACKSONVILLE FL 32223-2656

2. Principal Place of Business

1458 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

1458 MAIN STREET

Suite, Apt. #, etc.

City & State

CHIPLEY, FLORIDA

City & State

1458 MAIN STREET

Zip

32428

Country

WASHINGTON

Zip

32428

Country

WASHINGTON

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALI BINMAHFOOZ, MOHAMMED  
12200-1 SAN JOSE BLVD.  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

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

7901 BAYMEADOWS CIRCLE EAST, SUITE # 575

City

JACKSONVILLE, F

FL

Zip Code

32256

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

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

TITLE **PRESIDENT** ☐ Delete

NAME **MOHAMMAD BINMAHFOOZ**

STREET ADDRESS **1458 MAIN ST.**

CITY-ST-ZIP **CHIPLEY, FLORIDA 32428**

TITLE **SECRETARY, TREASURER** ☐ Delete

NAME **MOHAMMED ALI BINMAHFOOZ**

STREET ADDRESS **7901 BAYMEADOWS CIRCLE EAST**

CITY-ST-ZIP **SUITE # 575**

TITLE **JAX. FL 32256** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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:

**MOHAMMED ALI BINMAHFOOZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 MAY -2 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)