FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 A
Secretary of State

DOCUMENT # P99000105305

1. Entity Name
TIME SQUARE PIZZA ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6006 SW 18th ST	5600 NW 102 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. K
City & State: BOCA RATON, FL	City & State: SUNRISE, FL
Zip / Country: USA	Zip: 33351 / Country: USA

4. FEI Number: 65-0970397 ☒ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL A. MASTANDREA

Street Address (P.O. Box Number is Not Acceptable): 5600 NW 102 AVE K

City: SUNRISE FL Zip Code: 33351

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: Michael A. Mastandrea MICHAEL A. MASTANDREA 1/21/2002
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 SEC TREAS.	TITLE	
NAME	MICHAEL A. MASTANDREA	NAME	
STREET ADDRESS	5600 NW 102 AVE K	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	000004912040--9
TITLE	VICE PRESIDENT	TITLE	-02/12/02--01062--020
NAME	FRANK RICCIO	NAME	****908.75 ****908.75
STREET ADDRESS	5600 NW 102 AVE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Mastandrea 1/21/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #