

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 049 ***150.00

0066949
 AV

DOCUMENT # P99000111317
1. Entity Name PIZZA BRAVO, CORP.

Principal Place of Business 2791 OAK PARK CIR. DAVIE FL 33328	Mailing Address 2791 OAK PARK CIR. DAVIE FL 33328
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2. Principal Place of Business 2221 S. UNIVERSITY DR. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State DAVIE, FL.	City & State
Zip 33324	Country BROWARD

4. FEI Number 65-0969684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWILAM, MOHAMED A 2791 OAK PARK CIR. DAVIE FL 33328

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

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 <i>Mohamed Swilam</i> DATE 8-24-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME SWILAM, MOHAMED A	TITLE	NAME
STREET ADDRESS 2791 OAK PARK CIR.	CITY-ST-ZIP DAVIE FL 33328	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE D	NAME SWILAM, LYNNE J	TITLE	NAME
STREET ADDRESS 2791 OAK PARK CIR.	CITY-ST-ZIP DAVIE FL 33328	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: <i>Mohamed Swilam</i>	8-24-01
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CR2E034 (5/01)

Attachment Doc# T99000111317
PO60907
Aug. 24, 2001

Please accept amount of \$150.00
(ck. enclosed) as the note I just
received (enclosed) is the first
note this year.

Thank you

Yvonne Smith