

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90022 012 ***150.00

DOCUMENT # **P99000111317**
1. Entity Name **PIZZA BRAND CORP.**



DO NOT WRITE IN THIS SPACE

94047090

2. Principal Place of Business
2221 S. UNIVERSITY DR.
Suite, Apt. #, etc.

3. Mailing Address
2221 S. UNIVERSITY DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE FL.
Zip
33324
Country
U.S.A.

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Zip
33324
Country
U.S.A.

4. FEI Number
65-0969684
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
MOHAMED SWILAM
Street Address (P.O. Box Number is Not Acceptable)
2791 OAK PARK CIR.
DAVIE FLORIDA
City
FL Zip Code
33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mohamed A. Swilam** **MOHAMED A. SWILAM** **4-5-04**
(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MOHAMED A. SWILAM 2791 OAK PARK CIR. DAVIE, FL. 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LYNNE SWILAM 2791 OAK PARK CIR. DAVIE, FL. 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mohamed A. Swilam PRES.** **4-5-04** **954 916-5667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)