2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # \$50934** 1. Entity Name PIZZA U.S.A. OF PEMBROKE, INC. 05-04-2000 90158 003 ***150.00 Principal Place of Business Mailing Address PEMBROKE LAKES MALL 1761 W. HILLSBORO BLVD. STE 401 11401 PINES BLVD. BAY 504 BUUULVIL DEERFIELD BCH FL 33442-1563 PEMBROKE PINES FL 33026 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0267451 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAYMOND W. NEVIN WHALEN, NANCY Street Address (P.O. Box Number is Not Acceptable) 1761 W. HILLSBORO BLVD. 401 DEERFIELD BCH FL 33073 SUITE 401 Zip Code 33442 DEERFIELD BEACH 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. RAYMOND W. NEVIN DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE TITLE Delete CASTELLANO, M MARK NAME NAME 1761 W. HILLSBORO BLVD. 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE CASTELLANO, JOHN NAME NAME STREET ADDRESS 1761 W. HILLSBORO BLVD. 401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DEERFIELD BCH FL Change ☐ Addition TITLE TITLE Delete NEVIN. RAYMOND NAME NAME 1761 W. HILLSBORO BLVD. 401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME **TMAKE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

RAYMOND W. NEVIN/PRES. 4/28/00 954-428-5660