

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91643

1. Entity Name

MIMMO'S GOURMET PIZZA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90047 047 ***150.00

A0012654



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 290 SW 14TH AVE POMPANO BEACH FL 33069 US | 290 SW 14TH AVENUE POMPANO BEACH FL 33069-3232 US |

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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|--------------|--------------|
| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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| 4. FEI Number | 65-0296390 | Applied For |
| | | Not Applicable |

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|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

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|----------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent |
| DEL POZZO, DOMINICK P. 8024 COPENHAGEN WAY BOCA RATON FL 33434 |

| | | |
|----------------------------------------------------|----|----------|
| 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
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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 employment.

SIGNATURE: _____ Date: 1/19/00 Daytime Phone #: 954-781-4999

CR2E034 (9/99)