2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 22, 2002 8:00 am Secretary of State DOCUMENT# V47362 1. Entity Name 07-22-2002 90162 010 ***150.00 MY PIZZA, INC. Principal Place of Business Mailing Address 18120 COLLINS AVENUE 18120 COLLINS AVENUE SUNNY ISLES FL 33160-2725 SUNNY ISLES FL 33160-2725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0344605 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LORTIE, MURIEL Street Address (P.O. Box Number is Not Acceptable) 18120 COLLINS AVE. SONNY ISLES FL 33160 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME LORTIE, MURIEL NAME STREET ADDRESS 18120 COLLINS AVE... STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE Delete --TITLE # * Change - 🖅 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE

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 ema

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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MY PIZZA, INC. 18120 COLLINS AVENUE SUNNY ISLES, FL 33160-2725

July 16, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: My Pizza, Inc. FEI# 65-0344605 2002 Uniform Business Report

To Whom It May Concern:

This letter is to inform that I filed my 2002 Uniform Business Report, along with a check in the amount of \$150.00, prior to May 1st 2002. After receiving your second request, I checked with my bank and the original check has never cleared my account. I am enclosing another check in the amount of \$150.00 for the original fee requested, seeming the first check and form has gotten lost in the mail.

Thanking you in advance for your time and patience in this matter. If there is anything else you require please feel free to contact me at (305) 935-4348.

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Sincerely,

Muriel Lortie