

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90044 037 ***150.00

DOCUMENT # G67302

1. Entity Name

SOUTH MIAMI PIZZA SYSTEMS, INC.

Principal Place of Business

Mailing Address

% MERRILL I. LAMB
 4770 BISCAYNE BLVD
 MIAMI FL 33137
 US

C/O MERRILL I. LAMB
 4770 BISCAYNE BLVD. SUITE 1400
 MIAMI FL 33137-3251
 US

CU0068704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 1040

City & State

City & State

Miami, Florida

4. FEI Number **59-2351074**

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, MERRILL I.
 4770 BISCAYNE BLVD.
 SUITE 1400
 MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **LAMB, MERRILL I**
 STREET ADDRESS **4770 BISCAYNE BLVD., SUITE 1400**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **Suite 1040**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COZZOLI, MICHAEL P.**
 STREET ADDRESS **HOFFSTOT LN, SANDS POINT**
 CITY-ST-ZIP **PT WASHINGTON NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Merrill I. Lamb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(305) 576-1922

Daytime Phone #

CF E034 (9/99)