

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90251 027 \*\*\*150.00

**DOCUMENT # G67302**

1. Entity Name

**SOUTH MIAMI PIZZA SYSTEMS, INC.**

**E**

Principal Place of Business

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

Mailing Address

4770 BISCAYNE BLVD.  
 STE 1040  
 MIAMI FL 33137  
 US

2. Principal Place of Business

1234 S. Dixie Hwy.  
 Suite, Apt. #, etc.  
 #340

3. Mailing Address

1234 S. Dixie Hwy.  
 Suite, Apt. #, etc.  
 #340

City & State

Coral Gables, FL.

City & State

Coral Gables, FL.

4. FEI Number

59-2351074

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAMB, MERRILL I.  
 4770 BISCAYNE BLVD.  
 STE 1040  
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

LAMB, Adam J.

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

1428 Brickell Ave.

City

Penthouse  
 Miami

FL

Zip Code

33131

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

3/27/02

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, 2002 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

TITLE PD  
 NAME LAMB, MERRILL I.  
 STREET ADDRESS 4770 BISCAYNE BLVD., STE 1040  
 CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE D  
 NAME COZZOLI, MICHAEL P.  
 STREET ADDRESS HOFFSTOT LN, SANDS POINT  
 CITY-ST-ZIP MIAMI FL 33137 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS 1234 S. Dixie Hwy. #340  
 CITY-ST-ZIP Coral Gables, FL. 33146 ☒ Change ☐ Addition

TITLE D  
 NAME John Cozzoli  
 STREET ADDRESS Hoffstot Lane  
 CITY-ST-ZIP Pt. Washington, NY 11050 ☒ Change ☐ Addition

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

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

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

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

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

3/27/02

Date

(305) 576-5117

Daytime Phone #

CR2E034 (9/01)