

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002863

1. Entity Name
TOTITOS PIZZA LLC

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
175 SE 25TH ROAD APT. 4A
MIAMI FL 33129

Mailing Address
175 SE 25TH ROAD APT. 4A
MIAMI FL 33129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002118

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIASCOS, ALFREDO
175 SE 25TH ROAD APT. 4A
MIAMI FL 33129

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004430285--4
-06/19/01--01083--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

MEMBER- HGR
ALFREDO RIASCOS
175 SE 25TH RD APT 4A
MIAMI FL 33129

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
MAURICIO VILLA
c/o GLINSKY
169 E. FLAGLER ST #1118
MIAMI, FL 33131

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
ROSARIO RIASCOS
300 GALEN DR. APT 204
KEY BISCAYNE, FLA 33129

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LOURDES RIASCOS
175 S.E. 25. Road. APT 4A
MIAMI, FLA 33129

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)