

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90040 035 \*\*\*150.00

**DOCUMENT # M06922**

1. Entity Name  
**P & B PIZZA, INC.**

Principal Place of Business  
**1026 NE 204 LN**  
**N MIAMI BEACH FL 33179**

Mailing Address  
**1026 NE 204 LN**  
**N MIAMI BEACH FL 33179**

2. Principal Place of Business  
**2152 JOL ROAD**  
 Suite, Apt. #, etc.  
**GREENACRES CITY**  
 City & State  
**FLORIDA**  
 Zip  
**33415** Country  
**U.S.A.**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2464574** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**PARZIALE, EDWARD**  
**1026 NE 204TH LANE**  
**N MIAMI BEACH FL 33179**

## 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) ☐

**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 **P** ☐ Delete  
 NAME **PARZIALE, EDWARD**  
 STREET ADDRESS **119 SE 1ST AVE**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete  
 NAME **PARZIALE, VIRGINIA H**  
 STREET ADDRESS **119 SE 1ST AVE.**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: **Edward Parziale** REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02** **786-514-2597**  
 Date Daytime Phone #

CR2E034 (9/01)