

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90102 015 ***150.00

DOCUMENT # M06922

1. Entity Name

P & B PIZZA, INC.



Principal Place of Business

2152 JOG ROAD

GREENACRES CITY FL 33415

US

Mailing Address

1026 NE 204 LN

N MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

2152 JOG ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GREENACRES, FL

Zip

Country

Zip

Country

33415

USA

4. FEI Number

59-2464574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARZIALE, EDWARD

1026 NE 204TH LANE

N MIAMI BEACH FL 33179

Name

PARZIALE EDWARD

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

3558 CYPRESS EDGE DRIVE

City

LAKE WORTH

FL

Zip

33467

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PARZIALE, EDWARD	
STREET ADDRESS	119 SE 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARZIALE, VIRGINIA H	
STREET ADDRESS	119 SE 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARZIALE EDWARD	
STREET ADDRESS	3558 CYPRESS EDGE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARZIALE, VIRGINIA H	
STREET ADDRESS	3558 CYPRESS EDGE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 561-707-2015

CR2E034 (10/02)