

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90271 023 \*\*\*150.00

**DOCUMENT # P00000085631**

1. Entity Name  
**SPEEDY PIZZA EXPRESS, INC.**

Principal Place of Business	Mailing Address
<del>9801 W. FLAGLER STREET</del> <b>9529 SW 72nd ST</b> UNIT 405 MIAMI FL 33174	<del>9801 W. FLAGLER STREET</del> <b>9529 SW 72nd ST</b> UNIT 405 MIAMI FL 33174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9529 SW 72nd ST**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

4. FEI Number  
**65-1049420**

Applied For  
 Not Applicable

Zip  
**33173-3247**

Country

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**

**BARRIENTOS, ROSEMARY**  
**8801 W. FLAGLER STREET**  
**UNIT 405**  
**MIAMI FL 33174**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARRIENTOS, ROSEMARY</b>
STREET ADDRESS	<b>8801 W. FLAGLER STREET #405</b>
CITY-ST-ZIP	<b>MIAMI FL 33174</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VALBUENA, JESUS E</b>
STREET ADDRESS	<b>7730 SW 156TH COURT #143</b>
CITY-ST-ZIP	<b>MIAMI FL 33193</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **04-05-01** DAYTIME PHONE #: **305-2410070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)