

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90251 026 ***150.00

DOCUMENT # P93000000835

1. Entity Name

INTRACOASTAL PIZZA SYSTEMS, INC.

Principal Place of Business

**4770 BISCAYNE BLVD., SUITE 1040
 SUITE 1040
 MIAMI FL 33137
 US**

Mailing Address

**4770 BISCAYNE BLVD., SUITE 1040
 SUITE 1040
 MIAMI FL 33137
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAMB, MERRILL I
 4770 BISCAYNE BLVD.
 SUITE 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

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 **D** ☐ Delete
 NAME **LAMB, MERRILL I**
 STREET ADDRESS **4770 BISCAYNE BLVD., SUITE 1040**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
 NAME **COZZOLI, MICHAEL P**
 STREET ADDRESS **HOFFSTOT LANE**
 CITY-ST-ZIP **PT. WASHINGTON NY 11050**

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 **1234 S. Dixie Hwy. #370**
 CITY-ST-ZIP **Miami, FL 33146**

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

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

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

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

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:

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)