

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030795

1. Entity Name
SGT. PEPPERS SUBS & SALADS, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90294 012 ***150.00

Principal Place of Business

18683 S DIXIE HWY
MIAMI FL 33157

Mailing Address

18683 S DIXIE HWY
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

7950 SW 184 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIA

Fla.

4. FEI Number 65-0405461

Applied For

Not Applicable

Zip

Country

Zip

33157

Country

DADE

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

DOOLING, THOMAS W
18683 S DIXIE HWY
MIAMI FL 33157

Address Change

Name

Dooling Thomas W

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

7950 SW 184 St

City

MIA

FL

Zip Code

33157

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DOOLING, THOMAS W
CITY-ST-ZIP 7950 SW 184 ST
MIAMI FL 33157

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KLEIN, WILLIAM
CITY-ST-ZIP 7950 SW 184 ST
MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Thomas W Dooling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-2002 305-255-6440

CR2E034 (9/01)