

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045086

1. Entity Name

Southwest Pizza Systems, Inc.



FILED

03 JUN 27 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#7
4500 N. ORACLE ROAD

Suite, Apt. #, etc.

2601 Hollywood Blvd.

City & State

1 UCLSON, AZ

City & State

Hollywood, FL.

Zip

85705

Country

USA

Zip

33020

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02-03

4. FEI Number

65-0427187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bruce J. Smolen

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

2611 Hollywood Blvd

City

Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

6/25/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Barney N. Kleinkle
2601 Hollywood Blvd.
Hollywood, FL. 33020

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900020825289
06/13/03--01057--011 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900020825289
06/13/03--01057--010 **750.00

TITLE

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

954-926-0481

Daytime Phone #

CR2E034B (12/02)