FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000 45086

1. Entity Name

2. Principal Place of Business

SIGNATURE:

Southwest Pizza Systems, INC.



FILED

03 JUN 27 AM 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Mailing Address

2. Principal Place of business	3. Maining Address		oci	REINSTATEMENT 22-03		
Suite. Apt. #, etc. #7 4500 N. ORACLE ROBA		2601 Hollywood Blud.				
TUCSON, AZ	Hollywood	, FL.	4. FEI NU	mber - 0427187	Applied For Not Applicable	
25705 Country USA	33020	Country A	5. Certific	ate of Status Desired	\$8.75 Additional Fee Required	
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the state of the s	the second secon	Street Add	Iress (P.O. Box Nui	mber is Not Agceptable)		
IN THIS S	PAUE		7,			
			llywood		FL Zip Code 020	
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing	its registered office or re	gistered agent, or	both, in the State of Florida. I	am familiar with, and accept	
Brunks				6/2	-/.	
SIGNATURE Signature: typed or printed rydray of registered age	nt and title if applicable. (N	OTE: Registered Agent signature	required when reinstating	<u> </u>	703 ATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9.	Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department	of State			Trust Fund Contribution.	Added to Fees	
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I hereby certify that the information supplied wi indicated on this report or supplemental report	th this filing does not qualify is true and accurate and that	for the exemption stated it my signature shall have	l in Section 119.07 e the same legal e	(3)(i), Florida Statutes. I furthe	r certify that the information at am an officer or director	
of the corporation or the receiver or trustee en attachment with an address, with other like	npowered to execute this rep Impowered.	port as required by Char	oter 607, Florida St	atutes; and that my name app	pears in Block 10 or on an	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR