

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90367 020 ***150.00

DOCUMENT # P93000049688

1. Entity Name
MIAMI PIZZA, INC.

Principal Place of Business

**5611 N.W. 29TH STREET
MARGATE FL 33063**

Mailing Address

**37 EAST HUDSON ST.
COLUMBUS OH 43202
US**

2. Principal Place of Business

9835 SUNSET DRIVE

3. Mailing Address

9835 SUNSET DRIVE

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

Zip

33173

Country

USA

4. FEI Number

65-0425517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROSCHMAN, JEFF

**5611 N.W. 29TH STREET
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

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

6300 NE FIRST AVE, SUITE 300

City

FORT LAUDERDALE

FL

Zip Code

33334

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

Henry Szabo, CFO

4/30/02

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROSCHMAN, JEFFREY S	
STREET ADDRESS	5611 NW 29TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROSCHMAN, ROBERT J	
STREET ADDRESS	5611 NW 29TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEEKS, WESLEY P	
STREET ADDRESS	5611 NW 29TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SZABO, HENRY R	
STREET ADDRESS	37 EAST HUDSON ST	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	PRATS, RENE	
STREET ADDRESS	9835 SUNSET DR STE 212	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6300 NE FIRST AVE, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6300 NE FIRST AVE, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6300 NE FIRST AVE, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
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		
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:

Henry Szabo, CFO

4/30/02

614-447-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)