

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000079555

1. Entity Name
AVENTURA PIZZA, INC.

Principal Place of Business 19501 BISCAYNE BLVD STE 400 AVENTURA 33180 US	FL	Mailing Address 19501 BISCAYNE BLVD STE 400 AVENTURA 33180 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number
65-0451613

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOFFER MARSHA S
19501 BISCAYNE BLVD
STE 400
AVENTURA FL
33180 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **MARSHA SOFFER** DATE **04/20/2001**

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, 2001 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	<input type="checkbox"/> Delete
NAME SCHWARTZ BARRIE L	
STREET ADDRESS 19501 BISCAYNE BLVD, STE 400	
CITY-ST-ZIP NEW YORK NY 33180	
TITLE D	<input type="checkbox"/> Delete
NAME SOFFER BROOKE L	
STREET ADDRESS 19501 BISCAYNE BLVD, STE 400	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE DC	<input type="checkbox"/> Delete
NAME SOFFER JEFFREY M	
STREET ADDRESS 19501 BISCAYNE BLVD, STE 400	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE SEC	<input type="checkbox"/> Delete
NAME SOFFER JACQUELYN R	
STREET ADDRESS 19501 BISCAYNE BLVD STE 400	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE PT	<input type="checkbox"/> Delete
NAME SOFFER MARSHA S	
STREET ADDRESS 19501 BISCAYNE BLVD, STE 400	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE Delete	<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	
CITY-ST-ZIP	
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	
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: **Marsha Soffer** Pres Date **04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)