

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083693

1. Entity Name

PIZZA BY GIUSEPPE, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 010 ***150.00

Principal Place of Business

19361 SOUTH DIXIE HWY.
MIAMI FL 33157

Mailing Address

19361 SOUTH DIXIE HWY.
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0475831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ORTIZ, JOSE R
19361 S DIXIE HWY
MIAMI FL 33157

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VP ☐ Delete
NAME ORTIZ, JOSE R
STREET ADDRESS 19361 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33157

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

TITLE DP ☐ Delete
NAME MOYAL, JOSEPH
STREET ADDRESS 2910 POINT E DR, UNIT M211
CITY-ST-ZIP N. MIAMI BCH FL 33160

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21014 15/00

To whom it may concern:

Sorry we never receive the paper we
only receive one for Papa Joe's Pizzeria & Pasta
and we never receive the one for Giuseppe Inc.
and now we receive the one for Giuseppe and
we call and spoke to agent and he ask
~~us to send the \$150.00 and to send it with a~~
little note explaining the Reason.

Thank You.
John D. Meyer
