

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90252 038 ***150.00

DOCUMENT # P95000090864

1. Entity Name
PALMETTO PIZZA SYSTEMS, INC.

Principal Place of Business

**4770 BISCAYNE BLVD
SUITE 1040
MIAMI FL 33137**

Mailing Address

**4770 BISCAYNE BLVD
SUITE 1400
MIAMI FL 33137**

2. Principal Place of Business

**1234 S. Dixie Hwy
Suite, Apt. #, etc.
#340**

3. Mailing Address

**1234 S. Dixie Hwy.
Suite, Apt. #, etc.
#340**

City & State

Coral Gables, Fla.

City & State

Coral Gables, Fla.

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0683677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMB, MERRILL L
4770 BISCAYNE BLVD
SUITE 1040
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

LAMB, ADAM J.

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

1428 Brickell Ave.

PENTHOUSE

City

Miami

FL

Zip Code

33131

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

3/27/02

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 **D** ☐ Delete
NAME **LAMB, MERRILL**
STREET ADDRESS **4770 BISCAYNE BLVD. SUITE 1040**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1234 S. Dixie Hwy. #340**
CITY-ST-ZIP **Coral Gables, Fla. 33146**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 #

MERRILL L LAMB

1/15/02 (305) 576-5117

CR2E034 (9/01)