

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017231

1. Entity Name

BRICKELL PIZZA SYSTEMS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90117 043 \*\*\*150.00

Principal Place of Business

4770 BISCAYNE BLVD  
SUITE 1400  
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BLVD  
SUITE 1400  
MIAMI FL 33137-3251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1040

Suite, Apt. #, etc.

Suite 1040

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670422

Applied For

Not Applicable

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

LAMB, MERRILL I  
4770 BISCAYNE BLVD SUITE 1400  
MIAMI FL 33137

Name

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

Suite 1040

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

*Merrill I. Lamb*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, MERRILL		NAME		
STREET ADDRESS	4770 BISCAYNE BLVD, SUITE 1400		STREET ADDRESS	Suite 1040	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZZOLI, JOHN J		NAME		
STREET ADDRESS	4770 BISCAYNE BLVD, # 400		STREET ADDRESS	Suite # 1040	
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Merrill I. Lamb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

(205) 576-1922

CR2E034 (9/99)