

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90037 023 \*\*\*150.00

DOCUMENT # P96000069180

1. Corporation Name

S.T. MONROEVILLE PIZZA, INC.

Principal Place of Business

19501 BISCAYNE BLVD  
SUITE 400  
AVENTURA FL 33180

Mailing Address

19501 BISCAYNE BLVD  
SUITE 400  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

APPLIED FOR

65-0691859

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

No

9. Name and Address of Current Registered Agent

SOFFER, MARSHA S  
19501 BISCAYNE BLVD  
SUITE 400  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME SOFFER, MARSHA S  
STREET ADDRESS 1616 W. 28TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S ☐ DELETE

NAME SOFFER, JACQUELYN R  
STREET ADDRESS 19501 BISCAYNE BLVD  
CITY-ST-ZIP AVENTURA FL 33180

TITLE DC ☐ DELETE

NAME SOFFER, JEFFREY M  
STREET ADDRESS 209 E. DI LIDO DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ DELETE

NAME SOFFER, BROOKE L  
STREET ADDRESS 20066 NE 30TH PLACE  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME SCHWARTZ, BARRIE L  
STREET ADDRESS 19501 BISCAYNE BLVD  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 19501 BISCAYNE BLVD, STE 400  
1.4 CITY-ST-ZIP AVENTURA, FL 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 19501 BISCAYNE BLVD  
3.4 CITY-ST-ZIP AVENTURA, FL 33180

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 19501 BISCAYNE BLVD, STE 400  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #