

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000069180**1. Entity Name
S.T. MONROEVILLE PIZZA, INC.

Principal Place of Business

19501 BISCAYNE BLVD
SUITE 400
AVENTURA
33180

FL

Mailing Address

19501 BISCAYNE BLVD
SUITE 400
AVENTURA
33180

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691854

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOFFER MARSHA S
19501 BISCAYNE BLVD
SUITE 400
AVENTURA
33180

FL

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****05/01/2001**

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	☐ Delete
NAME	SCHWARTZ BARRIE L	
STREET ADDRESS	19501 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	☐ Delete
NAME	SOFFER BROOKE L	
STREET ADDRESS	19501 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DC	☐ Delete
NAME	SOFFER JEFFREY M	
STREET ADDRESS	19501 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	☐ Delete
NAME	SOFFER JACQUELYN R	
STREET ADDRESS	19501 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PT	☐ Delete
NAME	SOFFER MARSHA S	
STREET ADDRESS	19501 BISCAYNE BLVD., STE 400	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: **Marsha Soffer**

Mgr

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)