

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90387 037 \*\*\*150.00

DOCUMENT # P97000063632

1. Entity Name  
PIZZADILLA EXPRESS, INC.



Principal Place of Business

1236 ANASTASIA AVE  
CORAL GABLES FL 33134

Mailing Address

1236 ANASTASIA AVE  
CORAL GABLES FL 33134

2. Principal Place of Business

5025 S.W. 62 AVE  
Suite, Apt. #, etc.

3. Mailing Address

5025 S.W. 62 AVE  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip Country

33155 Dade

Zip Country

33155 Dade

4. FEI Number 65-1013759

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CERVERA, JAVIER  
1236 ANASTASIA AVE  
CORAL GABLES FL 33134

Name

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

5025 S.W. 62 AVE

City

Miami

FL

Zip Code

33155

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-3

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME CERVERA, JAVIER  
STREET ADDRESS 1236 ANASTASIA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V  
NAME ALONSO, SAUL  
STREET ADDRESS 2719 SW 99 AVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 2791 S.W. 33 AVE  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-3

3056687176

CR2E034 (10/02)