

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067817

1. Entity Name

V & V PIZZERIA, INC.

Principal Place of Business

2644 S.W. 137 AVE.
MIAMI FL 33175

Mailing Address

2644 S.W. 137 AVE.
MIAMI FL 33175-6314

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

65-0852636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYALA GARCIA, REYNALDO A
2644 S.W. 137TH AVENUE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

EDDY LACAYO

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

2644 SW 137TH AVE

City

Miami

FL

Zip Code

33175

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]

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, 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

TITLE	DP-	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, REYNALDO A	
STREET ADDRESS	2644 S.W. 137TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DS-	<input checked="" type="checkbox"/> Delete
NAME	VOIGT, JANE	
STREET ADDRESS	2644 S.W. 137TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDY LACAYO	
STREET ADDRESS	2644 SW 137 AVE	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	MARIA E. LACAYO (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2644 SW 137 AVE	
STREET ADDRESS	Miami, FL 33175	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003161265--3	
STREET ADDRESS	-03/07/00--01100--020	
CITY-ST-ZIP	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

(305) 978-3141

Daytime Phone #

CR20034 (9/99)