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**

DOCUMENT # P98000101235

1. Corporation Name

THAT OLD PIZZA, CORP

Principal	Place of	Busines	s

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90213 012 ***150.00



220 71ST STREET, SUITE 217 MIAMI BEACH FL 33141		220 71ST STREET, SUITE 217 MIAMI BEACH FL 33141		DO NOT WRITE IN T	HIS SPACE			
} 				·	3. Date Incorporated or Qualifed 12/07/1998			
_ ~~~	Place of Business SE 1 ST STREET	2a. Mailing Address 26 220 71 ST			4. FEI Number 65 – 087 97 65		plied For	
Suite, Apt		26 20 /151 Suite, Apt. #, etc	_ :		65 007 1.00		t Applicable	
22		27	ું-Sυπ	E 217	5. Certificate of Status Desired	\$8.75 / Fee Re	quired	
City & Sta	ni FL	City & State 28 531 A M BEA		L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip 24 331			Country	<u>A</u>	This corporation owes the current year Personal Property Tax.	r Intangible	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent		
OCT	AVIO CRUZ. JOSE		81	Name				
1	71ST STREET. SUITE 217		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	II BEACH FL 33141		83					
			83					
			84	City		85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	named corpo	oration submits this statement for the purpose	e of changing its	registered	
office or a	registered agent, or both, in the State of	Florida, Such change was aut	horized by to la Statutes	he corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the ap	opointment as re	gistered	
SIGNATURE	N //(117 JOSE OCTAVIO		10msid	ent APR 15			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		signature required	(3/1)	·		
12.	OFFICERS AND		13.	— т:	ADDITIONS/CHANGES TO OFFICERS			
TITLE	OCTAVIO COUZ JOSE	☐ DELETE	1.1 TITLE	PR	esident & treasurer	(Change	Addition	
NAME	OCTAVIO CRUZ, JOSE		1.2 NAME					
STREET ADDRESS	3474 SW 53 CT. HOLLYWOOD FL 33312		1.3 STREET	ſ				
CITY-ST-ZIP TITLE	D SSS 12	☐ DELETE	1.4 C/TY-ST- 2.1 TITLE		CRETARY	☐ Change	Addition	
NAME	DO CARMO CRUZ, MARIA	C. section	2.2 NAME	36	Cice i Ar (Ly change		
	3474 SW 53 CT.		2.3 STREET A	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33312	<u> </u>	2.4 CITY-ST	· - ·	e we e	· · / · ·	. ,	
TITLE	D	☐ DELETE	3.1 TITLE		E PRESIDENT	(V) Change	Addition	
NAME	ALVARENGA DE FREITAS, LUIZ A	PARECCID	3.2 NAME	1	- •	•	į	
STREET ADDRESS			3.3 STREET A	ADDRESS			;	
CITY-ST-ZIP	67000-000 BRASIL		3.4. CITY- ST-	ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	MOREIRA DE FREITAS , MIRIAMM	IAR	4. 2 NAME					
	RUA MEANDRO 420-COTIA-SP	•	4.3 STREET A					
CITY-ST-ZIP	67000-000 BRASIL	DELETE	4.4 CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·		□ 8 2200	
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME			Change	Addition	
STREET ADDRESS			5.3 STREET A	ODRESS				
CITY-ST-ZIP			5.4 CITY-ST-	,			Ì	
TITLE		☐ DELETE	6.1 TITLE	-		Change	☐ Addition	
NAME			6.2 NAME	ĺ		•	_ == ::	
STREET ADDRESS			6.3 STREET A	DORESS				
CITY-ST-7IP			64 CITY-ST-	ZIP			4	

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 cosporation 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 anachapter with an address, with all other like empowered.

SIGNATURE:

305) 866-6661