

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101235

1. Entity Name

THAT OLD PIZZA, CORP

Principal Place of Business

Mailing Address

360 SE 1ST ST
MIAMI FL 33131
US

220 71ST STREET, SUITE 217
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

360 SE 1ST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI - FL

Zip

Country

Zip
33131

Country
US

4. FEI Number 65-0879765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCTAVIO CRUZ, JOSE
220 71ST STREET, SUITE 217
MIAMI BEACH FL 33141

Name
ALVARENGA DE FREITAS, LUIZ APARECIDO

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

360 SE 1ST ST

City
MIAMI

FL

Zip
33131

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PT OCTAVIO CRUZ, JOSE 3474 SW 53 CT. HOLLYWOOD FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DO CARMO CRUZ, MARIA 3474 SW 53 CT. HOLLYWOOD FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVARENGA DE FREITAS, LUIZ APARECIDO RUA MEANDRO 420-COTIA-SP 67000-000 BRASIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREIRA DE FREITAS, MIRIAMMAR RUA MEANDRO 420-COTIA-SP 67000-000 BRASIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ALVARENGA DE FREITAS, LUIZ APARECIDO 360 SE 1ST ST MIAMI - FL - 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP MOREIRA DE FREITAS, MIRIAMMAR 360 SE 1ST ST MIAMI - FL - 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 350 9977

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90016 009 ***150.00

00000626



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)