

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057067

1. Entity Name

TONY'S PIZZA & SUBS, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90059 048 \*\*\*150.00

Principal Place of Business

Mailing Address

17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH FL 33162

17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH FL 33162-2210

2. Principal Place of Business

7218 TART ST.

3. Mailing Address

7218 TART ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0929127

Applied For

Not Applicable

Zip

33043

Country

BROWARD

Zip

33043

Country

BROWARD

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

ALMAN, MARTIN H  
17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH FL 33162

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS AZCURRA, CONNIE  
CITY-ST-ZIP 17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH FL 33162

TITLE ☒ Change ☒ Addition  
NAME PRES. & SEC  
STREET ADDRESS (NATALIE) NAUENITA BUISERETH  
CITY-ST-ZIP 1910 SW 87 AVE,  
MIRAMAR, FL 33025

TITLE ☒ Delete  
NAME RD  
STREET ADDRESS HATAB, HELAL A  
CITY-ST-ZIP 17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)