

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90151 047 ***150.00

DOCUMENT # P99000061570

1. Entity Name

SIERRA VISTA PIZZA SYSTEMS, INC.

Principal Place of Business

**100 S.E. 2ND STREET
 2620 NATIONSBANK TOWER
 MIAMI FL 33131**

Mailing Address

**100 S.E. 2ND STREET
 2620 NATIONSBANK TOWER
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

2601 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FLA.

4. FEI Number

65-0938966

Applied For

Not Applicable

Zip

Country

Zip

Country

33020

USA

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

LERMAN, CARLOS D

100 S.E. 2ND STREET

2620 NATIONSBANK TOWER

MIAMI FL 33131

Name

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

2611 Hollywood Blvd

City

Hollywood

FL

Zip Code

33020

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, 2002 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 **D** ☐ Delete
 NAME **WEINKLE, BARNEY**
 STREET ADDRESS **100 SE 2ND ST #2620**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **2601 Hollywood Blvd**
 STREET ADDRESS **Hollywood, FL. 33020**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02

Daytime Phone #

954-926-0481

CR2E034 (9/01)