

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

0157384 AV

DOCUMENT # P99000061570

1. Entity Name
SIERRA VISTA PIZZA SYSTEMS, INC.



04-10-2003 90081 039 ***150.00

Principal Place of Business
**100 S.E. 2ND STREET
2620 NATIONSBANK TOWER
MIAMI FL 33131**

Mailing Address
**2601 HOLLYWOOD BLVD
2620 NATIONSBANK TOWER
HOLLYWOOD FL 33020**



2. Principal Place of Business

**2200 EL MERCADO
Suite, Apt. #, etc.
1120 Loop**

3. Mailing Address

**2601 Hollywood Blvd.
Suite, Apt. #, etc.
Hollywood, Florida**

☒ CHECK HERE IF MAKING CHANGES

City & State

SIERRA VISTA, AZ.

City & State

HOLLYWOOD, FL

4. FEI Number

65-0938966

Applied For

☐ Not Applicable

Zip

85635

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LERMAN, CARLOS D
2611 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WEINKLE, BARNEY**
STREET ADDRESS **2601 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 supplementary 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 10 or Block 11 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

2/24/03

Date

984-926-0481

Daytime Phone #

CR2E034 (10/02)