

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000061577**

1. Entity Name

Temecula Pizza Systems, Inc.



APPROVED
AND
FILED
03 MAY 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70036581

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
40820 Winchester Road

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

City & State
Temecula CA

City & State
Hollywood FL

Zip
92591

Country
USA

Zip
33020

Country
USA

4. FEI Number
58-2479466

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Lerman, Carlos D Esq

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

2611 Hollywood Blvd

City
Hollywood

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Branny N. Kleinkle
2601 Hollywood Blvd.
Hollywood, FLA. 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

954-926-0481

Daytime Phone #

CR2E034B (12/02)