

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071880

1. Entity Name

PIZZA & RESTAURANT WORLD, INC.

Principal Place of Business

Mailing Address

3660 S.W. 64TH AVENUE
DAVIE FL

3660 S.W. 64TH AVENUE
DAVIE FL 33314-2408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650946327

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

CARDOZO, CHRISTINE
14210 NE 10TH AVENUE
MIAMI FL 33161

Name

ARIEZ ZAYAS

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

625 75th Street

Suite 3

City

MIAMI BEACH

FL

Zip Code

33141

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)

3/27/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
D
SANTANA, VICENTE
910 WEST AVENUE APT710
MIAMI BEACH FL 33139

Keep

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
William Vega
3321 SW 40 AVE
Hollywood FL 33023-5621

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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

MAY 27 2000

Date

305.632.7816

Daytime Phone #



DO NOT WRITE IN THIS SPACE