

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074919

1. Entity Name
\$7 PIZZA, INC.

Principal Place of Business

7324 S.W. 158TH AVE.
MIAMI FL 33193

Mailing Address

7324 S.W. 158TH AVE.
MIAMI FL 33193-3307

2. Principal Place of Business

1255 W. 46 St.

3. Mailing Address

1255 W. 46 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country
U.S.A.

Country
U.S.A.

4. FEI Number

65-0948641

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, GUSTAVO
7324 S.W. 158TH AVE.
MIAMI FL 33193

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.

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAST, LOUIS F	
STREET ADDRESS	10311 SW 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	JARAMILLO, GUSTAVO	
STREET ADDRESS	7324 S.W. 158TH AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRESPO, NICOLAS	
STREET ADDRESS	10311 SW 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARAMILLO, DANIEL	
STREET ADDRESS	10311 SW 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. Pres & Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaramillo Gustavo	
STREET ADDRESS	7324 S.W. 158 Ave.	
CITY-ST-ZIP	Mia Fla 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90066 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)