

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099644

1. Entity Name

GROOVY'S PIZZA, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90011 001 ***150.00

Principal Place of Business

1218 SALZEDO ST. #12
CORAL GABLES FL 33134

Mailing Address

1218 SALZEDO ST. #12
CORAL GABLES FL 33134-3264

2. Principal Place of Business

2985 McFarlane Rd
Suite, Apt. #, etc.

3. Mailing Address

2985 McFarlane Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coconut Grove, FL
Zip 33133 Country USA

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Coconut Grove, FL
Zip 33133 Country USA

4. FEL Number

65-0969085

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

LAVIOSA, DANIEL J
1218 SALZEDO ST. #12
CORAL GABLES FL 33134

Name

Lariosa Daniel J.

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

2985 McFarlane Rd

City

Coconut Grove

FL

Zip Code

33133

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Daniel J. Lariosa, Director

4-18-00

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVIOSA, DANIEL J	
STREET ADDRESS	1218 SALZEDO ST. #12	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMADOR, JUAN DIEGO	
STREET ADDRESS	6451 NW 112 PLACE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lariosa Daniel J.	
STREET ADDRESS	2985 McFarlane Rd	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amador, Juan Diego	
STREET ADDRESS	2985 McFarlane Rd	
CITY-ST-ZIP	Coconut Grove, FL 33133	
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

Daniel J. Lariosa
Director

Date

4/18/00

Daytime Phone #

305-569-0493

CR2E034 (9/99)