

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

06-27-2002 90184 027 ***158.75

DOCUMENT # P01000117074
 1. Entity Name
PAPITA'S AND SONS INC

Principal Place of Business Mailing Address
1262 NW 3 AVE **1262 NW 3 AVE**
FLORIDA CITY FL 33030 **FLORIDA CITY FL 33030**

- 01890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1262 N.W 3rd Ave **1262 NW 3rd Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
6 **6**
 City & State City & State
Florida City FL **Florida City FL**
 Zip Zip Country Country
33034 **33034** **Flade**

4. FEI Number Applied For
73-4630090 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANCHEZ, MANUEL
14730 SW-301-ST-
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent
 Name
Manuel G Sanchez Jr
 Street Address (P.O. Box Number is Not Acceptable)
14315 S.W 268 Ter
 City **FL** Zip Code
Naranja **33032**

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, MANUEL G 14730 SW-301-ST HOMESTEAD FL-33033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANCHEZ, MATTHEW G 14730 SW-301-ST HOMESTEAD FL-33033 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Manuel G Sanchez Jr 14315 SW 268 Ter Naranja FL 33032 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice P Matthew Sanchez 14315 S.W 268 Ter Naranja FL 33032 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Manuel G Sanchez Jr **SIGNATURE REQUIRED** 7-02-02 (305) 246-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)