

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015056

1. Entity Name

VILLAGE PITA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90178 020 ***150.00

Principal Place of Business

Mailing Address

285 NE 185TH STREET, #5
 NORTH MIAMI BEACH FL 33179

285 NE 185TH STREET, #5
 NORTH MIAMI BEACH FL 33179-4533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0824635

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~ALMAN, MARTIN H~~
 17290 NE 19TH AVE
 NORTH MIAMI BEACH FL 33162-2210

Name

Beth Safirstein

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

1025 Alton Rd Apt # 701

City

Miami Beach

FL

Zip Code

33139

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

4/22/00

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.

\$5:00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PSD
 DAKSA, SAMMY
 STREET ADDRESS 285 NE 185TH STREET, #5
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VTD
 SAFIRSTEIN, BETH
 STREET ADDRESS 285 NE 185TH STREET, #5
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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

[Signature]
 SAFIRSTEIN

4/22/00

786-276-7111

CR2E034 (9/99)