## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2001 8:00 am DOCUMENT # P99000087577 **Secretary of State** 1. Entity Name H. K. PITA, P.A. 03-07-2001 90618 013 \*\*\*150.00 Principal Place of Business Mailing Address 777 BRICKELL AVE., STE. 1114 , 777 BRICKELL AVE., STE. 1114 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 9350 9350 S.DIXIE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 1200 Applied For City & State City & State 4. FEI Number 65-0952310 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name < Amo PITA, HOWARD K Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE., STE. 1114 **MIAMI FL 33131** 8. The above named entity submits this sate new yor the purpose of changing its registered office or registered agent, or both, in the State of Florida. ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change PITA, HOWARD K PITA HOWARD NAME NAME 9360'S. DIXIE HUY Stelles 1200 777 BRICKELL AVE., STE. 1114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP mismi, FC 33156 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 ther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP