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**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000015056

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 048 \*\*\*150.00

1. Corporation VILLAGE	PITA, INC.										
Principal Place	e of Business	Mail	ling Address								
285 NE 185TH STREET. #5 285 NE 185TH STREET. #5						1					
NORTH MIAMI	BEACH FL 33179	NOR	TH MIAMI BEACH FL	33179			DO NOT WRITE IN	THIS SI	PACE.		
						3.	Date Incorporated or Qualifed			-10	
						-1	02/16/1998		,		}
2. Principal P	lace of Business	2a.	Mailing Address			4.	FEI Number		Ap	plied For	ļ ·
21		26				┷.	65-0827633	_		t Applicable	
Suite, Apt.	#, etc.	L, 5	Suite, Apt. #, etc.			5	Certifcate of Status Desired		\$8.75		
22		27			<del></del>			·	Fee Re	<del>`</del>	-
City & Stat	ee .	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added	•	
Zip	Country	Ľ	Zip	Coun	try	8	. This corporation owes the current year				
24	25	29		30			Personal Property Tax.		Yes	□No	1
	9. Name and Address of Current	Registe	ered Agent		· ·	10	Name and Address of New Registe	red Ag	gent		1
AI MA	ANI MADTIN LI			1	Name						}
	an, martin h 10 ne 19th ave			[8	Street Addr	ress (l	P.O. Box Number is Not Acceptable)				]
	TH MIAMI BEACH FL 33162-2210	ı		Ì.	2		<u> </u>				-
NOR				1	33						
			••		34 City			FL	85 Zip (		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	M FIOUUS	a Such chande was a	iiiinonzea i	IV TOR COMPORATE	oratic on's_b	on submits this statement for the purposociated of directors. I hereby accept the	se of ch ippointr	anging its nent as re	registered gistered	-
SIGNATURE	<u>,</u>										}
SIGNATURE	Signature, typed or printed name of registered agent			: Registered A	gent signature require			_			Í
12.	OFFICERS AND			4.0			ADDITIONS/OURNOES TO OFFICES		DIRECTO	IRS IN 12	1 2
		DIREC		13.			ADDITIONS/CHANGES TO OFFICER				1 =
TITLE	PSD	DIREC	DELETE	1.1 TITL			ADDITIONS/CHANGES TO OFFICEA		Change	☐ Addition	17
NAME	PSD DAKSA, SAMMY	DIREC		1.1 TITL 1.2 NAM	E .	,	ADDITIONS/CHANGES TO OFFICER				034 (11
	PSD DAKSA, SAMMY 285 NE 185TH STREET, #5			1.1 TITL 1.2 NAM 1.3 STR	EET ADDRESS		ADDITIONS/CHANGES TO OFFICEN				25034 (11
NAME STREET ADDRESS CITY-ST-ZIP	PSD DAKSA, SAMMY 285 NE 185TH STREET, #5 NORTH MIAMI BEACH FL 33179		OELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	E EET ADDRESS -ST-ZIP		ADDITIONS/CHANGES TO OFFICEN		Change	☐ Addition	CD2E034 (11
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD DAKSA, SAMMY 285 NE 185TH STREET, #5 NORTH MIAMI BEACH FL 33179 VTD			1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	EET ADDRESS '-ST-ZIP E		ADDITIONS/CHANGES TO OFFICER				CD2E034 (11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD DAKSA, SAMMY 285 NE 185TH STREET, #5 NORTH MIAMI BEACH FL 33179 VTD SAFIRSTEIN, BETH		OELETE	1.1 TITL 1.2 NAM 1.3 STR 1.4 CFD 2.1 TITL 2.2 NAM	EET ADDRESS '-ST-ZIP E		ADDITIONS/CHANGES TO OFFICEN		Change	☐ Addition	CD25034 (11
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE