

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90104 002 ***150.00

DOCUMENT # 619262

1. Entity Name

PILA & PILA, INC.

Principal Place of Business 4308 SOUTHPARK DR TAMPA FL 33624 US	Mailing Address 4308 SOUTHPARK DR. TAMPA FL 33624-3417 US
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80007199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1906729	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**PILA, MORITZ
4308 SOUTHPARK DR.
TAMPA, FLORIDA
33624**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

[Handwritten Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/2000
 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 \$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		
TITLE	S	<input type="checkbox"/> Delete
NAME	PILA, HARRIETT	
STREET ADDRESS	321 GORDON AVENUE	
CITY-ST-ZIP	SAN JOSE CA 95127-1612	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PILA, ESTHER	
STREET ADDRESS	3301 BAYSHORE BLVD #1906	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	PILA, KALMAN	
STREET ADDRESS	4234 WINDING WILLOW DR.	
CITY-ST-ZIP	TAMPA FL 33624-4664	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PILA, MORITZ	
STREET ADDRESS	4308 SOUTHPARK DR.	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PILA, BERNADETTE D	
STREET ADDRESS	934 NW 58TH STREET	
CITY-ST-ZIP	SEATTLE WA 98107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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 ~~not~~ empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2000
 Date

813-878-47
 Daytime Phone #