

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90044 001 ***150.00

DOCUMENT # P00000054941

1. Entity Name
PINITOS CORPORATION

Principal Place of Business
C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI, FL 33132

Mailing Address
C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI, FL 33132

00100000



2. Principal Place of Business
11443 W. PALMETTO PARK RD

3. Mailing Address
11443 W. PALMETTO PARK RD

Suite, Apt. #, etc.
SUITES ABC

Suite, Apt. #, etc.
SUITES ABC

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33428

Country
USA

Zip
33428

Country
USA

4. FEI Number **65-1014307**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BLVD.
SUITE #2600
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **ERIKA E. PINERO**
Street Address (P.O. Box Number is Not Acceptable)
11443 W. PALMETTO PARK RD, SUITES ABC
City **BOCA RATON** **FL** **Zip Code** **33428**

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 *Erika E. Pinero* **ERIKA E. PINERO** **4/26/02**
Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PINERO, ERIKA ELBA	
STREET ADDRESS	100 N. BISCAYNE BLVD. SUITE 2600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARRIBAS, ENRIQUE JAVIER	
STREET ADDRESS	100 N. BISCAYNE BLVD. SUITE 2600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKA ELBA PINERO	
STREET ADDRESS	11443 ABC W. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVO ALBERTO PINERO	
STREET ADDRESS	11443-ABC W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIETRO TONY SCARPA	
STREET ADDRESS	11443 ABC W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pietro Tony Scarpa* **PIETRO TONY SCARPA** **4/26/02** **(561) 5581488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)