

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 27 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000055351			
1. Entity Name PIZZA SOL, INC NAME CHG: AUTOSANTANA, INC.			
Principal Place of Business 2360 Sw 3rd ave #3 Miami, FL, 33129		Mailing Address Same	
2. Principal Place of Business 2385 NE 173rd ST Suite, Apt. #, etc. 309		3. Mailing Address 2385 NE 173rd ST Suite, Apt. #, etc. 309	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33160	Country U.S.A	Zip 33160	Country U.S.A
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAHER, NANA 2385 NE 173rd ST #309 NORTH MIAMI, FL, 33160		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 MAHER, NANA		DATE 08-01-01	
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when re-registering)		DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Vice President	NAME James E. Rahwa	TITLE	NAME
STREET ADDRESS 3601 Grand ave	CITY-ST-ZIP Miami, FL, 33133	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE President	NAME MAHER, NANA	TITLE	NAME
STREET ADDRESS 2385 NE 173rd ST #309	CITY-ST-ZIP North, Miami Bch, FL, 33160	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: MAHER, NANA		DATE 08-01-01 (305)2977424	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

70000463
 -10/16/01
 00103
 002
 00103
 002
 00103
 002