

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 012 ***150.00

DOCUMENT # **P000000 75528**

1. Entity Name

Pitaste.COM Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8001 NW 36 ST

3. Mailing Address

8001 NW 36 ST

Suite, Apt. #, etc.

#112

Suite, Apt. #, etc.

#112

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$3.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **FERNANDO Portuondo**

Street Address (P.O. Box Number is Not Acceptable)

3211 Ponce De Leon Blvd, Apt 1

City **Coral Gables**

FL

Zip Code **33134**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President Miguel Asencio 8001 NW 36 ST #112 Miami FL 33166
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

(305) 392-2166

CR2E034B (12/01)