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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90148 023 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000085359**

1. Entity Name

PITA &amp; HUMMUS, INC.

Principal Place of Business

8001 S ORANGE BLOSSOM TRAIL  
 # 972 FLORIDA MALL  
 ORLANDO FL 32809

Mailing Address

8001 S ORANGE BLOSSOM TRAIL  
 # 972 FLORIDA MALL  
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3676619

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAKIS, ADNAN  
 222 OLD MILL CR.  
 KISSIMMEE FL 34746

Name Sarkis, Adnan  
 Street Address (P.O. Box Number is Not Acceptable)  
9774 Bohart Ct.

City Orlando FL FL Zip Code 32836

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 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  
 Trust Fund Contribution. ☐ \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SARKIS, ADNAN**  
 CITY-ST-ZIP **222 OLD MILL CR.**  
**KISSIMMEE FL 34746**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SARKIS, NAZEM**  
 CITY-ST-ZIP **4613 EAGLET LANE**  
**KISSIMMEE FL 34746**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Sarkis, Adnan President**  
 STREET ADDRESS **9774 Bohart Ct.**  
 CITY-ST-ZIP **Orlando, FL 32836**

TITLE ☒ Change ☒ Addition  
 NAME **HAZZOURIEN, Norma Vice President**  
 STREET ADDRESS **9774 Bohart Ct.**  
 CITY-ST-ZIP **Orlando, FL 32836**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02 407-438-5533

CR2E034 (9/01)