

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90406 044 \*\*\*150.00

**DOCUMENT # P01000028035**

1. Entity Name  
**L'PITA COMPANY, INC.**



Principal Place of Business  
**6275 SW AMES WAY**  
**HOBE SOUND FL 33455**

Mailing Address  
**C/O LUTTATI-545 MADISON AVENUE**  
**3RD FLOOR**  
**NEW YORK NY 10022**



2. Principal Place of Business

**6275 S.E. Ames Way**  
Suite, Apt. #, etc.

3. Mailing Address

**c/o Carol M. Luttati**  
Suite, Apt. #, etc.  
**545 Madison Ave. 3rd Floor**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Hobe Sound, FL**

City & State  
**New York, NY**

4. FEI Number **22-3789183**

Applied For  
Not Applicable

Zip  
**33455**

Country  
**USA**

Zip  
**10022**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.**  
**9200 S DADELAND BLVD. STE 508**  
**MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LUTTATI, CAROL M**  
STREET ADDRESS **545 MADISON AVENUE, 3RD FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Cognatus Luttati President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**  
Date

**(212) 829-0011**  
Daytime Phone #

CR2E034 (10/02)