

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90013 034 ***150.00

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DOCUMENT # P01000087259

1. Entity Name
 LA PLACITA DE TITE CORP.

Principal Place of Business

6741 SW 8 STREET
 MIAMI FL 33144

Mailing Address

6741 SW 8 STREET
 MIAMI FL 33144



2. Principal Place of Business

6741 SW 8ST

Suite, Apt. #, etc.

3. Mailing Address

6741 SW 8ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number
 65-1141542

Applied For
 Not Applicable

Zip
 33144

Country
 USA
 Miami-Dade

Zip
 33144

Country
 USA

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

6. Name and Address of Current Registered Agent

PITA, BENIGNO
 6741 SW 8 STREET
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name Benigno Pita
 Street Address (P.O. Box Number is Not Acceptable)
 6741 SW 8ST
 City Miami FL Zip Code 33144

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE 2/27/02

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 PD
 NAME PITA, BENIGNO
 STREET ADDRESS 6521 SW 15 ST
 CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
 NAME Benigno Pita
 STREET ADDRESS 6741 SW 8ST
 CITY-ST-ZIP Miami FL 33144 ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/27/02

Daytime Phone #

CR2E034 (9/01)