

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000090005

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: EAT-A-PITA

## Current Principal Place of Business:

13180 SW 21 ST.  
MIAMI, FL 33175

## New Principal Place of Business:

2721 N.W. 79TH AVENUE  
MIAMI, FL 33122

## Current Mailing Address:

13180 SW 21 ST.  
MIAMI, FL 33175

## New Mailing Address:

2721 N.W. 79TH AVENUE  
MIAMI, FL 33122

FEI Number: 65-1137836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FONTICوبا, LILLIAN  
215 30 ST., #2  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

FONTICوبا, LILLIAN  
13180 S.W. 21ST STREET  
MIAMI, FL 33175 US

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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: FONTICوبا, LILLIAN  
Address: 215 30 ST., #2  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT ( ) Delete  
Name: FONTICوبا, ALMA L  
Address: 13180 SW 21 ST.  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: FONTICوبا, LILLIAN  
Address: 13180 S.W. 21ST STREET  
City-St-Zip: MIAMI, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN FONTICوبا

DS

05/01/2002

Electronic Signature of Signing Officer or Director

Date