

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000093984*

1. Entity Name

FLAMINGO'S PITA, INC.

FILED

02 DEC 11 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
*12592 PINES BLVD.
#102
Pembroke Pines, FL 33027*

Mailing Address
*12592 PINES BLVD.
#102
Pembroke Pines, FL 33027*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
16-1635095

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

*SOFIA MUSHEYEV
3527 NE 168 ST.
#405
North Miami Beach, FL 33160*

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

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

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	<input type="checkbox"/> Delete
<i>P</i>	<i>SOFIA MUSHEYEV</i>	<i>3527 NE 168 ST. #405</i>	<i>North Miami Beach, FL 33160</i>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*12/11/02--01065--014 **150.00*

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]

NOVEMBER 27, 2002

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: FLAMINGO'S PITA, INC. 16-1635095

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT FOR CALENDAR YEAR 2002. ACCORDINGLY, PLEASE FIND ENCLOSED A COMPLETED 2002 ANNUAL REPORT ALONG WITH A CHECK FOR \$150 TO COVER THE INITIAL FILING FEE. WE ARE RESPECTFULLY REQUESTING AN ABATEMENT OF ANY PENALTY THAT MAY HAVE ACCRUED DUE TO THIS ERROR.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Sofia Musheyev', written over a horizontal line.

SOFIA MUSHEYEV, PRESIDENT