

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

PO2000103897

1. Entity Name

LITTLE ITALY PIZZA MARKET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

398 E. 33 St.

Suite, Apt. #, etc.

101

City & State

Hialeah, FL

Zip

33013

Country

US

3. Mailing Address

7385 W 18 Avenue

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

US

4. FEI Number

562295400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAYRA FLORES

Street Address (P.O. Box Number is Not Acceptable)

398 E 33 Street #101

City

Hialeah

FL

Zip Code

33013

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

Mayra Flores
Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/5/04

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

PTSD
Flores, Mayra
398 E 33 St #101
Hialeah, FL 33013

TITLE
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11/09/04-01081-018-1-61.25

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mayra Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mayra Flores 11/5/04

305805-0803

Date

Daytime Phone #

FILED

04 NOV -9 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE