

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90177 037 ***300.00

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DOCUMENT # **504293**
1. Entity Name **PITA PAN INC.**

DO NOT WRITE IN THIS SPACE

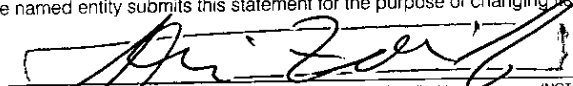
2. Principal Place of Business **1834 NOB Hill RD**
Suite, Apt. #, etc.
City & State **PLANTATION FL**
Zip **33322** Country **USA**

3. Mailing Address **1834 NOB Hill RD**
Suite, Apt. #, etc.
City & State **PLANTATION FL**
Zip **33322** Country **USA**

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IN THIS SPACE**

4. FEI Number **65-0220348** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
7. Name and Address of Current Registered Agent
Name **ABRAHAM ZARIF**
Street Address (P.O. Box Number is Not Acceptable)
1834 NOB Hill RD
City **PLANTATION** FL Zip Code **33322**

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  **ABRAHAM ZARIF** DATE **3/3/03**
(NOTE: Registered Agent signature required when reinstating)

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	D ABRAHAM ZARIF 1834 NOB Hill RD PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **ABRAHAM ZARIF** DATE **3/3/03** Daytime Phone # **954-577-9005**

CR2E034B (12/01)