

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90094 030 ***150.00

DOCUMENT # S88501

1. Entity Name
WALGREENS PLAZA RESTAURANT, INC.

Principal Place of Business

1001 S.W. 2ND AVE.
 SUITE 6
 BOCA RATON FL 33432
 US

Mailing Address

SALS CORPORATE
 10026 SPANISH ISLES BLVD. B16&B17
 BOCA RATON FL 33498-6380
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0288852**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5: Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PITO, CATERINA~~
~~9044 LONG LAKE~~
~~PALMS DRIVE~~
~~BOCA RATON FL 33496~~

this is correct

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

SIGNATURE *Caterina Pito* *Caterina Pito* *2/25/02*
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	C PITO, CATERINA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 9044 LONG LAKE PALMS DR.		
	CITY-ST-ZIP BOCA RATON FL 33496		
<input type="checkbox"/> Delete	PTS PITO, FRANK J	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 22581 MIDDLE TOWN DR.		
	CITY-ST-ZIP BOCA RATON FL 33428		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Caterina Pito* *Caterina Pito* *2/25/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
3614703395

CR2E034 (9/99)