

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90019 021 ***150.00

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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 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 10058 Spanish Isles Blvd FL 2
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL	4. FEI Number 65-0288852	Applied For <input type="checkbox"/> Not Applicable
Zip 33498	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Frank Pito, Jr**
 Street Address (P.O. Box Number is Not Acceptable): **10058 Spanish Isles Blvd
 FL 2**
 City: **Boca Raton** State: **FL** Zip Code: **33498**

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: *Frank Pito, Jr* **Frank Pito, Jr** DATE: **3/18/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PITO, CATERINA 9044 LONG LAKE PALMS DR. BOCA RATON FL 33496	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PITO, FRANK J 22581 MIDDLE TOWN DR. BOCA RATON FL 33428	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Frank Pito, Jr* **Frank Pito, Jr** DATE: **3/18/02** Daytime Phone #: **4703395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)