

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L05571

**Entity Name:** PETE'S - A - PLACE, INC.

**Current Principal Place of Business:**

C/O PETER LICATA  
3417 SW DAVIE BLVD.  
FT. LAUDERDALE, FL 33312-2758

**Current Mailing Address:**

C/O PETER LICATA  
3417 SW DAVIE BLVD.  
FT. LAUDERDALE, FL 33312-2758

**FEI Number:** 65-0137367

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LICATA, PETER  
3417 SW DAVIE BLVD.  
FT. LAUDERDALE, FL 33012 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LICATA, PETER  
Address 3417 SW DAVIE BLVD.  
City-State-Zip: FT. LAUDERDALE FL

Title DIRECTOR  
Name LICATA, JACK  
Address 3417 SW DAVIE BLVD  
City-State-Zip: FT LAUDERDALE FL 33312

Title DIRECTOR  
Name LICATA, VINCENT  
Address 3417 SW DAVIE BLVD  
FT LAUDERDALE  
City-State-Zip: FL FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER LICATA

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05/01/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date