

P950000

46499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

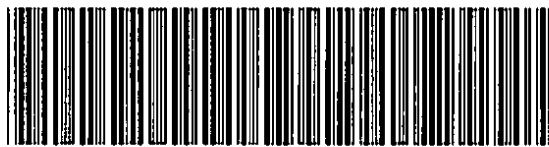
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 25 AM 11:27

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LTJ
2-25-2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2019

mor2fla@yahoo.com

SUBJECT: MIAMI PITA, INC.
Ref. Number: P95000046499

It has been brought to our attention the registered agent's address of MIAMI PITA, INC., listed at 400 NE 12th Ave., Apt 504, Hallandale, FL 33009, is incorrect as it belongs to another individual or other entity.

Therefore, the purpose of this letter is to notify this entity: 1.) of the incorrect data; and 2.) that it is a third degree felony to knowingly and willingly falsify or conceal a material fact or make any false, fictitious, or fraudulent statement in any matter within the jurisdiction of the Florida Department of State.

Therefore, the information must be corrected on our records.

Please consider this notice of our intent to administratively dissolved/revoked this entity on or after March 1, 2020 if the registered office address is not corrected.

Please complete and submit the enclosed form with the appropriate fee. If the current year annual report has not been filed, this change may be made at the time of filing the annual report for no additional charge.

Please let us know should you have any questions.

Sincerely,
Lyn Shoffstall
Division of Corporations

Letter No: 919A00024687

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI PITA INC
Name of Corporation

DOCUMENT NUMBER: P 95000046499

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMI CHARUVI MALKA
Name of Contact Person

MIAMI PITA INC.
Firm/Company

730 N. E 155 ST
Address

MIAMI FL 33162
City/State and Zip Code

MCA2FLA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMI CHARUVI MALKA at (786) 975 6601
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

< **Mailing Address:**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MIAMI PITA INC
- 2. The principal office address: 720 N.E 155 ST
MIAMI, FL, 33162
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 06/15/95 Document number: 95000046499
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
RESIGNED

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TAMI CHARUVI MALIKA
720 N.E 155 ST, MIAMI, FL, 33162
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] MORGHANA CHARUVI, PRESIDENT
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

x [Signature] R-16-20
Signature of Registered Agent Date

If signing on behalf of an entity:
MIAMI PITA INC
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
x MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)