

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90403 009 ***150.00

DOCUMENT # P95000046499

1. Entity Name
MIAMI PITA, INC.

Principal Place of Business
**175 SUNNY ISLES BLVD
 NO MIAMI BEACH FL 33160**

Mailing Address
**175 SUNNY ISLES BLVD
 NO MIAMI BEACH FL 33160**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
175 SUNNY ISLES BLVD
 Suite, Apt. #, etc. /

3. Mailing Address
1058 N.E. 209 TERRACE
 Suite, Apt. #, etc. /

City & State
N.M.B. FL

City & State
N.M.B. FL 33170

4. FEI Number **65-0587814**

Applied For
 Not Applicable

Zip
33160

Country

Zip
33179

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

**IDIT, CHARUVI
 1058 N.E. 209 TERRACE
 N MIAMI BEACH FL 33179**

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 **IDIT CHARUVI**

IDIT CHARUVI

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	IDIT, CHARUVI	
STREET ADDRESS	1058 N.E. 209 TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORDEHAY, CHARUVI	
STREET ADDRESS	1058 N.E. 209 TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **IDIT CHARUVI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305-687-8290

Daytime Phone #

CR2E034 (10/00)