


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90182 036 ***150.00

DOCUMENT # 295726

1. Entity Name
SMALL FRY INC



Principal Place of Business
**2805 N. ST RD 7
HOLLYWOOD FL 33021**

Mailing Address
**2805 N. ST RD 7
HOLLYWOOD FL 33021**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FEDERICI, SONDRA
2805 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP	<input type="checkbox"/> Delete	NAME LEWIN, NAOMI	STREET ADDRESS 2805 NORTH STATE RD 7	CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE VP	<input type="checkbox"/> Delete	NAME FEDERICI, JAMES	STREET ADDRESS 2805 NORTH STATE RD 7	CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE VP	<input type="checkbox"/> Delete	NAME HERNANDEZ, RHONDA	STREET ADDRESS 2805 N STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE VP	<input type="checkbox"/> Delete	NAME LEWIN, CURT	STREET ADDRESS 2805 N STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE VP	<input type="checkbox"/> Delete	NAME LEWIN, HARLEY	STREET ADDRESS 2805 N STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD FL 33021
TITLE VP	<input type="checkbox"/> Delete	NAME LEWIN, DEBRAH	STREET ADDRESS 2805 N STATE ROAD #7	CITY-ST-ZIP HOLLYWOOD FL 33021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sondra Federici	STREET ADDRESS 2805 N. State Road 7	CITY-ST-ZIP Hollywood, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Sondra Federici **REQUIRED** 4-24-03 9549830506
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)