

10F2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064277

1. Entity Name
THE QUICHE FACTORY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 25 PM 1:46

Principal Place of Business Mailing Address
3351 NE 33RD AVE **3351 NE 33RD AVE**
FT. LAUDERDALE FL 33308 **FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0772337** Applied For
Not Applicable

Zip Country Zip 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

ALTMAN, SHAYNA
1742 N.E. 9TH STREET
FORT LAUDERDALE FL 33304

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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PVST** Delete
NAME **ALTMAN, SHAYNA**
STREET ADDRESS **1742 N.E. 9TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **ALTMAN, SHAYNA**
STREET ADDRESS **1742 N.E. 9TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

600003408616-3
-03/28/00-01089-018
****150.00 ****150.00

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

AP 9/27

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 09/15/00 954. Date Daytime Phone #

CR2E034 (5/00)

2082

THE QUICHE FACTORY
3351 NORTH EAST 33RD AVENUE
FORT LAUDERDALE, FL 33308
(954) 565-5787

Thursday, September 21, 2000

Department of State
Division of Corporations
Uniform business Report filings
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir/Madam:

After speaking with one of your representatives, Linda, I informed her that I never received the First Notice of the 2000 Uniform Business Report.

Therefore, she gave me the authorization to only pay \$150.00.

Thank you for your assistance.



Shayna Altman