

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90042 043 ***150.00

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DOCUMENT # P97000064277

1. Entity Name
THE QUICHE FACTORY, INC.

Principal Place of Business 3351 NE 33RD AVE FT. LAUDERDALE FL 33308	Mailing Address 3351 NE 33RD AVE FT. LAUDERDALE FL 33308
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SHAYNA ALTMAN-NEAL**

Street Address (P.O. Box Number is Not Acceptable)
3609 NE 25 TR.

City **FT. LAUDERDALE** **FL** **33308**

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 DATE **4-11-01**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PVST	ALTMAN, SHAYNA		
STREET ADDRESS	1742 N.E. 9TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		
D	ALTMAN, SHAYNA		
STREET ADDRESS	1742 N.E. 9TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 **(954) 565.8553**

CR2E034 (10/00)