

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN 23 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00063512

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000026669
Entity Name
BAVARIAN ROASTERS, INC ✓

Principal Place of Business Mailing Address
2912 N.W. 62ND AVE MARGATE FL. 33063

Principal Place of Business 3. Mailing Address
2912 N.W. 62ND AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MARGATE FL.
Zip Country Zip Country
33063 BROWARD

4. FEI Number 65-0831731 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RONALD KASAB
2912 N.W. 62ND AVE.
MARGATE FL. 33063

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: RONALD KASAB TREASURER DATE: 6-1-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<u>DAN KASAB</u> <u>2912 N.W. 62ND AVE.</u> <u>MARGATE FL. 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<u>CLAUDIA KASAB</u> <u>2912 N.W. 62ND AVE.</u> <u>MARGATE FL. 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<u>RONALD KASAB</u> <u>2912 N.W. 62ND AVE.</u> <u>MARGATE FL. 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

06-12-2000 9000.049 - 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information contained 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] DATE: 6-1-00 DAYTIME PHONE #: 954-975-7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

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