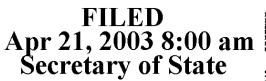
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** 378930 **DOCUMENT #**



1. Entity Name KOSHER TREATS INC.							04-21-2003 91197 031 ***150.00				
Principal Place of Business 1678 N.E. 164TH ST. NO. MIAMI BEACH FL 33162			1678 N	Mailing Address 1678 N.E. 164TH ST. NO. MIAMI BEACH FL 33162							
2. Principal Place of Business			3. Mailir	3. Mailing Address				BIT BIRTH BIRTH BIRT			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4	4. FEI Number 59-1361913		Applied For Not Applicable		
Zip Country			Zip		Country	. 5	5. Certificate of Status Desired Security Securi			ditional	
6. Name and Address of Current Registered Agent						7	. Name and Address of New Reg	istered Agent			1
				<del></del> ,	Name			*			-
NOTIS,HERTZEL 1905 N.E. 213TH TERR.					Street Ad	Idress (P.O	. Box Number is Not Acceptable)				
NO.MIAMI FL 33179						•					
					City			FL   z	ip Cod	e	
		y submits this statemen ered agent.	t for the purpo	se of changing its r	egistered office or	registered	agent, or both, in the State of Fiorid	la. I am familia	ir with,	and accept	]
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applic	able. (NOTE:	Registered Agent signatu	re required whe	n reinstating)	DATE	<u></u>		
Afte	r May 1, 200	! FEE IS \$150.00 IS Fee will be \$550.0 Florida Department	I .				Election Campaign Finan     Trust Fund Contribution.	cing		May Be to Fees	
10.	•	OFFICERS AN	ID DIRECTOR	S	11.	,	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR!	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOTIS,HEI 1905 N.E.2 NO.MIAMI	213TH TERR.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	☐ Addition	(00/01/05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	hange	Addition	1007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. —, ••-	ب • جه شوه د	نا منته کښت د رخت	. Delete	NAME STREET ADDRESS CITY-ST-ZIP		<b>.</b> .	c	hange	Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>□</u> c	nange	Addition	
12. I hereby o	certify that the	information supplied w	ith this filing d	oes not qualify for t	he exemption state	o in Sectio	in 119.07(3)(i), Florida Statutes. I fu	rther certify tha	at the ir	nformation	1

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.

✓ Daytime Phone #