

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90380 011 ***150.00

DOCUMENT # 534377

1. Entity Name

CANDY KITCHEN & CONFECTIONERY CO., INC.

Principal Place of Business

1997 N.E. 150TH ST.
 NO. MIAMI FL 33181-1115

Mailing Address

1997 N.E. 150TH ST.
 NO. MIAMI FL 33181-1115

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 **59-1760979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEVINE, MARVIN
1997 NE 150TH ST
NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name **Ellen Levine**
 Street Address (P.O. Box Number Is Not Acceptable)
1997 N.E. 150 St.

City **North Miami**

FL Zip Code **33181**

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 **Ellen Levine, Ellen Levine, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/3/02
 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, 2002 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

TITLE	VDS	<input type="checkbox"/> Delete
NAME	LEVINE, ELLEN	
STREET ADDRESS	1997 NE 150TH ST	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, MARVIN	
STREET ADDRESS	1997 NE 150TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen Levine	
STREET ADDRESS	1997 N.E. 150 St.	
CITY-ST-ZIP	North Miami, FL. 33181	
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		

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: **Ellen Levine, Ellen Levine, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (35) 940-6211
 Date Daytime Phone #

CR2E034 (9/01)