

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611826

1. Entity Name

SHERRY'S BAG INC.

Principal Place of Business

9495 SO. DIXIE HIGHWAY  
MIAMI FL 33136

Mailing Address

9495 SO. DIXIE HIGHWAY  
MIAMI FL 33156-2933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, GLORIA  
9495 S. DIXIE HWY.  
MIAMI FL 33156

4. FEI Number

59-1884306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

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, 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

## 11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, GLORIA	
STREET ADDRESS	<del>2000 S. BAYSHORE DR.</del> 2127 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITTLEMAN, SHERRY	
STREET ADDRESS	12500 SW 72 AVENUE	
CITY-ST-ZIP	MIAMI 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

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90088 001 \*\*\*150.00

C0015550



DO NOT WRITE IN THIS SPACE