

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02132

1. Entity Name

SWEETHEART SLIPS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90004 036 ***150.00

Principal Place of Business

14837 NE 20TH AVENUE
NORTH MIAMI FL 33181

Mailing Address

14837 NE 20TH AVENUE
NORTH MIAMI FL 33181-1143

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 59-2237413

Applied For.

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SERVICES, INC.
798 BRICKELL PLAZA
59 SO. EAST 8TH ST.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

GARY H KOARNIK

Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Blvd - St 505

Aventura FL.

City

FL

Zip Code

33180

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

Gary H Koarnik

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

(NOTE: Registered Agent signature required when reinstating)

DATE

305 933-2000

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	SOLOV, LYNDA	
STREET ADDRESS	3415 WASHINGTON LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIEIN, ALAN	
STREET ADDRESS	3132 SW 21 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KORNIK, JUDITH	
STREET ADDRESS	19901 N.E. 22ND CT.	
CITY-ST-ZIP	NO. MIAMI BCH. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIBMAN, HONNIE	
STREET ADDRESS	5203 SW 121ST. TERR.	
CITY-ST-ZIP	COOPER CITY FL	
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	<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	
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

Gary H Koarnik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)