

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19720

1. Entity Name

CINDY'S EUROPEAN IMPORTS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90324 015 ***150.00

Principal Place of Business

Mailing Address

320 E. FLETCHER AVE.
TAMPA FL 33612

1630 DAIQUIRI LANE
LUTZ FL 33549-4109
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1630 Daiquiri Ln
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2870760

Applied For

Not Applicable

Zip 33549

Country US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MROCZKOWSKI, CINDY
320 E FLETCHER AVE
TAMPA FL 33612

Name Cindy Mroczkowski

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

1630 Daiquiri Ln

Lutz FL 33549

City Lutz FL Zip Code 33549

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MROCZKOWSKI, CYNTHIA G. 320 E FLETCHER AVENUE TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia G. Mroczkowski 813-932-0404

CR2E034 (9/99)