FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 08, 2001 8:00 am **DOCUMENT # J26993** Secretary of State 1. Entity Name CHARLIE'S PASTRIES, INC. 03-08-2001 90091 012 \*\*\*150.00 Principal Place of Business Mailing Address 3430 NW 16TH STREET 3430 NW 16TH STREET AUU29642 SUITE 10 SUITE 10 LAUDERHILL FL 33311 LAUDERHILL FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2696890 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOOTHE, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 3430 NW 16TH STREET SUITE 10 LAUDERHILL FL 33311 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BOOTHE, CHARLES E. STREET ADDRESS STREET ADDRESS 3701 NW 25TH ST CITY - ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FI ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BOOTHE, PATTRECA** NAME NAME STREET ADDRESS STREET ADDRESS 3701 N.W. 25TH STREET CITY-ST-7IP CITY-ST-7IP LAUDERDALE LAKES FL Change Addition Delete TITLE TITLE NAME NAME >--STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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