

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90154 025 \*\*\*150.00

**DOCUMENT # J26993**

1. Entity Name

**CHARLIE'S PASTRIES, INC.**

Principal Place of Business

**3430 NW 16TH STREET  
 SUITE 10  
 LAUDERHILL FL 33311  
 US**

Mailing Address

**3430 NW 16TH STREET  
 SUITE 10  
 LAUDERHILL FL 33311  
 US**

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

**59-2696890**

Applied For

Not Applicable

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

**BOOTHE, CHARLES E.  
 3430 NW 16TH STREET  
 SUITE 10  
 LAUDERHILL FL 33311**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | ODP                              | <input type="checkbox"/> Delete |
| NAME           | BOOTHE, CHARLES E.               |                                 |
| STREET ADDRESS | <del>3701 NW 25TH ST</del>       |                                 |
| CITY-ST-ZIP    | <del>LAUDERDALE LAKES FL</del>   |                                 |
| TITLE          | V                                | <input type="checkbox"/> Delete |
| NAME           | BOOTHE, PATRECA                  |                                 |
| STREET ADDRESS | <del>3701 N.W. 25TH STREET</del> |                                 |
| CITY-ST-ZIP    | <del>LAUDERDALE LAKES FL</del>   |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS | 12100 NW 18 St          |  |
| CITY-ST-ZIP    | PLANTATION FL 33323     |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS | 12100 NW 18 St          |  |
| CITY-ST-ZIP    | PLANTATION FL 33323     |  |
| TITLE          | CEO                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BOOTHE, CHARLES JR.     |  |
| STREET ADDRESS | 4230 NW 23 CT.          |  |
| CITY-ST-ZIP    | LAUDER FL 33313         |  |
| TITLE          | SECY/TREASURER          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | OLIVE HALL              |  |
| STREET ADDRESS | 5615 NW 41 TERR         |  |
| CITY-ST-ZIP    | COCONUT CREEK, FL 33073 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)