

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K05591**

1. Entity Name
QUAKER BAR OF DADE CITY, INC

FILED

02 FEB 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1433 7th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 665
Suite, Apt. #, etc.

REINSTATEMENT 01-02

City & State
DADE City, FL.
Zip
33523 Country
USA

City & State
DADE City, FL.
Zip
33526 Country
USA

4. FEI Number
59-2858014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARGY COSENTINO
Street Address (P.O. Box Number is Not Acceptable)
15433 15th St.

City
DADE City FL Zip Code
33523

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 **MARGY COSENTINO, PRES. P.S.T.** **Margy Cosentino**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. V-P, SEC, TREAS.
MARGY COSENTINO
15433 15th St.
DADE City, FL. 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ILS
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-03/12/02--01052--002
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Margy Cosentino** **2/01/02 352-521-3655**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)