

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

FILED

DOCUMENT # K32465

1. Entity Name

TOUCH OF EUROPE DELICATESSEN, INC

02 MAY 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

730 W HALLANDALE BEACH

BLVD Apt. #, etc.

3. Mailing Address

730 W HALLANDALE BEACH

BLVD Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL

Zip 33009

Country

US

City & State

HALLANDALE FL

Zip 33009

Country

US

4. FEI Number

650078972

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 SARIS-SZYFTER, JOLANTA

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

730 W. HALLANDALE BEACH BLVD.

City HALLANDALE BEACH

FL

Zip Code 33009

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) ☐

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 DP
NAME SARIS-SZYFTER, JOLANTA
STREET ADDRESS 730 W. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE
NAME 700005754577--7
STREET ADDRESS -06/11/02--01109--025
CITY-ST-ZIP ***150.00 ***150.00

TITLE DVS
NAME SZYFTER, WITOLD
STREET ADDRESS 730 W. HALLANDALE BEACH BLVD.
CITY-ST-ZIP HALLANDALE BEACH FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOLANTA SARIS-SZYFTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/05)