

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90393 035 ***150.00

DOCUMENT # K40988

1. Entity Name

FAVORITE INDUSTRIES, INC.

Principal Place of Business

7255 W 98TH TERR
 BLDG 5
 OVERLAND PARK KS 66212

Mailing Address

7255 W 98TH TERR
 BLDG 5
 OVERLAND PARK KS 66212

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

58-1813416

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

LEOPOLDTADT, INC
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Gerhard J. Kuti

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

3740 NE 199th Terr

City Aventura

FL

Zip Code 33180

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 reappointing)

DATE

05/20/02

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 PD ☐ Delete
 NAME KUTI, GERHARD J.
 STREET ADDRESS 7255 W 98TH TERR, BLDG 5
 CITY-ST-ZIP OVERLAND PARK KS

TITLE ☒ Change ☐ Addition
 NAME 3740 NE 199th Terr
 STREET ADDRESS Aventura, FL 33180
 CITY-ST-ZIP

TITLE VM ☒ Delete
 NAME MCHAGH, MICHAEL
 STREET ADDRESS 7235 W 98TH TERR BLDG 5
 CITY-ST-ZIP SHAWNEE MISSION KS 66212

TITLE ☒ Change ☐ Addition
 NAME Edward M. Tchel
 STREET ADDRESS 7255 W 98th Terr, BLDG 5
 CITY-ST-ZIP Shawnee Mission, KS 66212

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/02 913 8239733

CR2E034 (9/01)