## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **K85775** BEST DESSERTS OF MIAMI. INC. 05-11-2000 90293 011 \*\*\*150.00 Principal Place of Business Mailing Address 100 NORTH BISCAYNE BLVD 100 NORTH BISCAYNE BLVD. NEW WORLD TOWER 21ST FLOOR NEW-WORLD TOWER-21ST FLOOR-MIAMI FL-33132-2304 MIAMI FI-33132 2304-2. Principal Place of Business 3. Mailing Address <u>c/o Miller & Webner, PA</u> <u>c/o Miller & Webner, PA</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. P.O. Box 266947 P.O. Box 266947 Applied For City & State 4. FEI Number City & State 65-0123868 Not Applicable Weston, FL Weston, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33326-6947 33326-6947 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --Rebecca M. Miller, MILLER, REBECCA M. Street Address (P.O. Box Number is Not Acceptable) Miller & Webner, P.A. <del>100 NORTH BISCAYNE BLVD.</del> - NEW WORLD TOWER 21ST FLOOR 2442 Poinciana Court **MIAMI FL 33132** Weston 3<sup>7</sup>3327 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition **PST** ☐ Delete TITLE TITLE ROECKER, FRITZ NAME NAME STREET ADDRESS STREET ADDRESS 616 SOUTH MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ■ Addition ☐ Change ☐ Delete TITLE ROECKER, FRITZ NAME NAME STREET ADDRESS STREET ADDRESS 616 SOUTH MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete . . . . . . Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 arrattechment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fritz Roecker, President