

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L04306**

1. Entity Name

**The Yogurt Emporium**

(P)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90056 024 \*\*\*150.00

Principal Place of Business

Mailing Address

6060 SW 18th St  
Suite 102  
Boca Raton, FL 33433

10042 Lexington  
Estates Blvd  
Boca Raton, FL  
33428

2. Principal Place of Business

6060 SW 18th St.

Suite, Apt. #, etc.

102

City & State

Boca Raton FL

Zip

33433

Country

US

3. Mailing Address

10042 Lexington Est

Suite, Apt. #, etc.

Estates Blvd.

City & State

Boca Raton FL

Zip

33428

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2959906

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Patricia Mahmood  
23313 S.W. 36th Ave  
Boca Raton, FL 33428

7. Name and Address of New Registered Agent

Name Patricia Mahmood

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

10042 Lexington Estates Blvd

City

Boca Raton

FL

Zip Code

33428

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

9/11/2000

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

TITLE	P/S Patricia Mahmood	<input type="checkbox"/> Delete
NAME	10042 Lexington Estates Blvd	
STREET ADDRESS	Boca Raton, FL 33428	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Wahid Mahmood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1/T/D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 (9/99)