

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90043 042 ***150.00

DOCUMENT # L05928

1. Entity Name

HEIDI'S DELI, INC.

Principal Place of Business

Mailing Address

16100 COLLINS AVE.
 NORTH MIAMI BEACH FL 33160

914 STATE RD 84
 FT LAUDERDALE FL 33315-2432
 US

2. Principal Place of Business

3. Mailing Address

914 State Rd. 84

Suite, Apt. #, etc.

FT. Lauderdale

Suite, Apt. #, etc.

City & State

City & State

Fla

33315

Zip

Country

4. FEI Number **65-0135461**

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

BRUEGGEMANN, HEIDI
914 STATE RD 84
FT LAUDERDALE FL 33315

Name

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

City

FL

Zip Code

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)

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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **BRUEGGEMANN, HEIDI**
 STREET ADDRESS **914 STATE RD 84**
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **V** ☐ Delete
 NAME **DOERREBERG, DIETER**
 STREET ADDRESS **914 STATE ROAD 84**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐
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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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30.00

984 46838

Date

Daytime Phone #