

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78632

1. Entity Name

PUDGE ENTERPRISES, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90016 010 ***150.00

634741



DO NOT WRITE IN THIS SPACE

Principal Place of Business MADELYN SPADA 4703 BANYAN LANE TAMARAC FL 33319 US	Mailing Address MADELYN SPADA 4703 BANYAN LANE TAMARAC FL 33319 US
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2. Principal Place of Business 741 NE 47 th ST Suite, Apt. #, etc. OAKLAND PARK City & State FLORIDA Zip 33334 Country BROWARD	3. Mailing Address 741 NE 47 th ST. Suite, Apt. #, etc. OAKLAND PARK City & State FLORIDA Zip 33334 Country BROWARD
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4. FEI Number 65-0214474	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPADA, MADELYN 4703 BANYAN LANE TAMARAC FL 33319	741 NE 47 th ST OAKLAND PARK FLORIDA 33334
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7. Name and Address of New Registered Agent	
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PST SPADA, MADELYN 4703 BANYAN LN TAMARAC FL <i>ABOVE ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VST SPADA, MATTIA 4703 BANYAN LN TAMARAC FL <i>ABOVE ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VST SPADA, LISA 4703 BANYAN LN TAMARAC FL <i>ABOVE ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Madelyn Spada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)