

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004697

1. Entity Name

S.E.L. YOGURT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business
123
278 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
123
278 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4258 Northlake Blvd

3. Mailing Address

Suite, Apt. #, etc.
4258 Northlake Blvd.

Suite, Apt. #, etc.

City & State

City & State

P.B.G. FL

4. FEI Number

65-0938994

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

U.P.B.

33410

U.P.B.

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCA, ESTHER

123 278 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

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

Esther Malca

08/16/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM Manager
MALCA, ESTHER
278 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
MALCA, JOSEPH
278 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Esther Malca 08/16/00 561-624114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)