

2001 UNIFORM BUSINESS REPORT (UBR)

APPROV.
AND
FILED

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DOCUMENT # L99000004697

1. Entity Name
S.E.L. YOGURT, L.C.

01 MAY -3 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4258 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410

Mailing Address
4258 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TCBY

3. Mailing Address
4258 Northlake

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0938994

Applied For
Not Applicable

Zip
33410

Country
P.B.

Zip
33410

Country
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 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

Name
Malca Esther
Street Address (P.O. Box Number is Not Acceptable)
123 cypress point DR.
City
P.B.G. FL Zip Code
33418

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 DATE 04/28/01

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MALCA, ESTHER
123 CYPRESS POINT DRIVE
PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
owner - president
Esther Malca
123 cypress point DR.
P.B.G. FL - 33418

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
malca Joseph
123 cypress point DR.
P.B.G. FL - 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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:

Esther Malca

04/28/01

561-627-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)