

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90333 043 \*\*\*150.00

DOCUMENT # P00000005278

1. Entity Name

**SPANKY'S OF WEST BROWARD, INC.**

Principal Place of Business

3370 BEAU RIVAGE DRIVE  
 SUITE C-4  
 POMPANO BEACH FL 33064

Mailing Address

3370 BEAU RIVAGE DRIVE  
 SUITE C-4  
 POMPANO BEACH FL 33064

2. Principal Place of Business

309 N State Road 7  
 Suite, Apt. #, etc.  
 Mar

3. Mailing Address

309 N. State Road 7  
 Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-0980103

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Craig Caffro  
 CHEESESTEAK FACTORY  
 309 N STATE ROAD 7  
 MARGATE, FL 33063

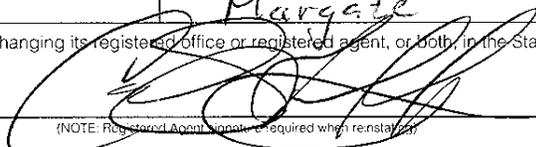
7. Name and Address of New Registered Agent

Name: Craig Caffro  
 Street Address (P.O. Box Number is Not Acceptable): 309 N. State Road 7  
 City: Margate FL Zip Code: 33063

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: *Craig Caffro RA*

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



(NOTE: Registered Agent Signature Required when re-registering)

4-15-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	PD CAFFRO, JANET 3370 BEAU RIVAGE DRIVE SUITE C-4 POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAFFRO, GEORGE 3370 BEAU RIVAGE DRIVE SUITE C-4 POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUSHINSKY, DONNA 3370 BEAU RIVAGE DRIVE SUITE C-4 POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete <i>Change</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	President Donna Pushinsky 309 N. State Rd. 7 Margate, FL 33063	<input checked="" 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
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: *Donna Pushinsky* 4/15/01 754-973-2170  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (10/00)