

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.



DO NOT WRITE IN THIS SPACE

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 is required when re-instating)

4-15-01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CAFFRO, JANET	
STREET ADDRESS	3370 BEAU RIVAGE DRIVE SUITE C-4	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAFFRO, GEORGE	
STREET ADDRESS	3370 BEAU RIVAGE DRIVE SUITE C-4	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PUSHINSKY, DONNA	<input checked="" type="checkbox"/> Change
STREET ADDRESS	3370 BEAU RIVAGE DRIVE SUITE C-4	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Pushinsky	
STREET ADDRESS	309 N. State Rd. 7	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)