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FILED
Jun 27, 2001 8:00 am
Secretary of State
05-23-2001 90463 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000 36481 (A)

1. Entity Name
Chocolate Fantasies by Duchess Reebie, Inc.

Principal Place of Business: 1500 N. Ocean Blvd., #601 Pompano Beach, FL 33062
Mailing Address: P.O. Box 1967 Pompano Beach, FL 33061

[redacted]
65-101'5575 RK

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1500 N. Ocean Blvd	P.O. Box 1967	~~23-0845 4379~~ Applied For / Not Applicable
Suite, Apt. #, etc. 601	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State Pompano Beach FL	City & State Pompano Bch. FL	
Zip 33062 Country	Zip 33061 Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Rebecca Robbins 2608-3 North Ocean Blvd, # Pompano Beach, FL 33062	Name: Rebecca ROBBINS Street Address (P.O. Box Number is Not Acceptable): 2608-3 N. Ocean Blvd City: Pompano Beach, FL FL Zip Code: 33062

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 Rebecca ROBBINS — Rebecca Robbins 4·30·01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD Rebecca ROBBINS 1500 N. Ocean Blvd. #601 Pompano Beach, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Rebecca Robbins 4/30/01 954 942-9482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rebecca Robbins 6/20/01