

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 010 ***150.00

DOCUMENT # P00000052945

1. Entity Name
Bubbe, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2861 N. Oakland Forest Dr.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

Oakland Park, FL

Oakland Park, FL

Zip

Country

Zip

Country

33309-6489

USA 33

33309-6489

USA

4. FEI Number
65-1013255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brahm D. Levine, C.P.A., C.A.

Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagler Dr., Suite 300-P

West Palm Beach, FL 33401

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

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

(NOTE: Registered Agent Signature required when reinstating)

04/19/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PSTD
Sharon B. Sonders
2861 N. Oakland Forest Dr., #101
Oakland Park, FL 33309-6489

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2002

Date

954-497-1239

Daytime Phone

CR2E034B (12/01)