

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000060780**  
 1. Entity Name  
**PIE IN THE SKY OF FT. LAUDERDALE, INC.**

FILED

01 DEC -3 PM 2:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1676 EAST OAKLAND PARK BLVD** **1676 EAST OAKLAND PARK BLVD**  
**OAKLAND PARK FL 33334** **OAKLAND PARK FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **SAME AS ABOVE** 3. Mailing Address **SAME AS ABOVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FRI Number **65-1029393** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~CRANE, MARK S~~  
~~1676 EAST OAKLAND PARK BLVD~~  
~~OAKLAND PARK FL 33334~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is NOT Acceptable)  
 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]* 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHMAN, CYNTHIA</b>	
STREET ADDRESS	<b>1676 EAST OAKLAND PARK BLVD</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRANE, MARK S</b>	
STREET ADDRESS	<b>1676 EAST OAKLAND PARK BLVD</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL 33334</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>700004730027--5</b>	
STREET ADDRESS	<b>-12/18/01--01025--009</b>	
CITY-ST-ZIP	<b>****400.00 ****400.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>700004730027--5</b>	
STREET ADDRESS	<b>-12/18/01--01025--010</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
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 or without the name of the person empowered.

SIGNATURE: *[Signature]* **VICE PRESIDENT** 9/24/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CRE034 (5/01)