

2001 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-14-2001 90057 044 ***150.00

DOCUMENT # P00000063387

1. Entity Name
MONARCH LAKES DONUTS, INC.

Principal Place of Business

**2920 LUCKIE RD
 WESTON FL 33331**

Mailing Address

**2920 LUCKIE RD
 WESTON FL 33331**

2. Principal Place of Business

**14305 Miramar
 Suite, Apt. #, etc.**

Mailing Address

**14305 Miramar
 Suite, Apt. #, etc.**

City & State

Miramar FL

City & State

Miramar FL

Zip

33027

Country

USA

Country

USA

County

Broward

4. FRI Number

65-1027044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAPOTE, BEATRIZ M
 1101 BRICKELL AVENUE 17TH FLOOR
 MIAMI FL 33131**

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, 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

TITLE **PRESIDENT, VP, TREASURER, SEC** ☐ Delete
 NAME **KEITH SIMS**
 STREET ADDRESS **2920 LUCKIE RD**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-01 954-699-6568

CR2E034 (10/00)