

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90140 044 \*\*\*150.00

600157



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000083130**

**1. Entity Name**  
**DONUT 1 USA, INC.**

<b>Principal Place of Business</b> 3030 NE 9TH AVE POMPANO BEACH FL 33064	<b>Mailing Address</b> 3030 NE 9TH AVE POMPANO BEACH FL 33064
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**2. Principal Place of Business**  
**1900 E. ATLANTIC BLVD**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1900 E. ATLANTIC BLVD.**  
 Suite, Apt. #, etc.

<b>City &amp; State</b> <b>POMPANO BEACH, FL</b> <b>Zip</b> 33060 <b>Country</b> BROWARD	<b>City &amp; State</b> <b>POMPANO BEACH, FL</b> <b>Zip</b> 33060 <b>Country</b> BROWARD	<b>4. FEI Number</b> 65-1058089 <b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> SPYREDES, PETER 3030 NE 9TH AVE POMPANO BEACH FL 33064		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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** \_\_\_\_\_ (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.** ☐ **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	
<b>TITLE</b> PVST <b>NAME</b> SPYREDES, PETER <b>STREET ADDRESS</b> 3030 NE 9TH AVE <b>CITY-ST-ZIP</b> POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> SPYREDES, PETER <b>STREET ADDRESS</b> 3030 NE 9TH AVE <b>CITY-ST-ZIP</b> POMPANO BEACH FL 33064	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** PETER SPYREDES **DATE:** 1/5/01 **DAYTIME PHONE #:** (954) 785 1461

CR2034 (10/00)