

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0057438 AV

DOCUMENT # P00000089569

1. Entity Name

SUGAR FREE PARADISE OF S. FLORIDA, INC.

01-31-2001 90286 019 ***150.00

07-24-2001 90006 037 ***150.00

Principal Place of Business

**18747 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**

Mailing Address

**18747 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEYNAN, HADASSAH
 18747 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** ☐ Delete
 NAME **KEYNAN, HADASSAH**
 STREET ADDRESS **18747 WEST DIXIE HIGHWAY**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

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

TITLE **ST** ☐ Delete
 NAME **COHEN, RAN**
 STREET ADDRESS **18747 WEST DIXIE HIGHWAY**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/19/01 (305) 936-9666

CR2E034 (5/01)

Attachment
#P00000089569
773064
Sugar Free Paradise of S. Florida, Inc.
18747 W. Dixie Highway
N Miami Beach, FL 33180-2617

July 19, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P00000089569

Dear Sir/Madam:

Yesterday I called your office to inquire as to why the fee for my _____ I was expected to submit was \$550. I was told that the money and the form were due back in January of 2001. I was quite taken back considering this is the first notice I have received about these monies being due.

I have never received any other notification of these monies being due but this form I just received and would appreciate some consideration in the amount of the fees I am to remit.

Your immediate attention to this matter would be greatly appreciated.

Sincerely,

Hadassah Keynan
Hadassah Keynan
President