

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90081 011 ***150.00

DOCUMENT # P00000094274

1. Entity Name,
STRACHWSKY'S INC.

Principal Place of Business

**300 CELTIC COURT
 OVIEDO FL 32765**

Mailing Address

**300 CELTIC COURT
 OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

**STRACHWSKY, ALEJANDRO
 300 CELTIC COURT
 OVIEDO FL 32765**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRACHWSKY, ALEJANDRO 300 CELTIC COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRACHWSKY, MERCEDES 300 CELTIC COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)

Application for Employer Identification Number

(For use by employers and others, corporations, partnerships, trusts, estates, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

OMB No. 1545-0003

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions.)

Strachwsky's, Inc.

2 Trade name of business (if different from name on line 1)

Bake Me A Cake

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

300 Celtic Court

5a Business address (if different from address on lines 4a and 4b)

1161 East Altamonte Drive

4b City, state, and ZIP code

Oviedo, FL 32765

5b City, state, and ZIP code

Altamonte Springs FL 32701

6 County and state where principal business is located

Orange County, FL

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions)

Alejandro Strachwsky - 589-14-1053

8a Type of entity (Check only one box.) (See instructions)

Caution: If applicant is a limited liability company, see instructions for line 8a.

☐ Sole Proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

☒ Other (specify) Corporation

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify)

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type)

Deli

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Other (specify)

10 Date business started or acquired (mo., day, year) (see instructions.)

10/4/00

11 Closing month of accounting year (see instructions)

12/31/01

12 First date wages or annuities were paid or will be paid (mo., day, year).

income will first be paid to nonresident alien (mo., day, year)

Note: If applicant is a withholding agent, enter date

13 Enter highest number of employees expected in the next 12 months.

Nonagricultural

Agricultural

Household

Note: If the applicant does not expect to have any employees during the period, enter -0-

14 Principal activity (see instructions.)

Pastries and Cakes

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

Note: If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)

☐ Other (specify)

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an employer ID number for this or any other business?

☐ Yes

☒ No

Note: If "Yes" please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than from line 1 or 2 above.

Legal name

Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer ID number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

407-830-9006

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

Alejandro Strachwsky-President

Signature

Date

4/9/01

Note: Do not write below this line. For official use only.

Please leave

Geo.

Ind.

Class

Size

Reason for applying

blank