

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106015

1. Entity Name

CHEEBURGER CHEEBURGER OF DELRAY BEACH, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90065 048 ***150.00

Principal Place of Business

Mailing Address

C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

290 So. Silver Palm Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-1053058

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

DARROW, PAUL
C/O COMPUKEEPER INC.
1446 NW 2ND AVE STE 105
BOCA RATON FL 33432

Name

Paul Darrow

Street Address (P.O. Box Number is Not Acceptable)

290 South Silver Palm Road

City

Boca Raton

FL

Zip Code

33432

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]

3/5/01

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	D DARROW, PAUL 290 SOUTH SILVER ROAD BOCA RATON FL 33432
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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

P. Darrow, Pres

X

3/5/01

Date

Daytime Phone #

CR2E034 (10/00)