

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

01-02

FILED

DOCUMENT #

1. Entity Name

FATBOY'S FOOD CORP.

02 APR 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4115 N FEDERAL HWY

3. Mailing Address
2107 SE 10TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

818

City & State
OAKLAND PARK, FL

City & State
FT. LAUDERDALE

4. FEI Number
65-1063210

Applied For

Not Applicable

Zip
33308

Country
BROWARD

Zip
33316

Country
BROWARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEON I. HAZAN

Street Address (P.O. Box Number is Not Acceptable)
2107 SE 10TH AVENUE

818

City
FT. LAUDERDALE

FL

Zip Code
33316

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LEON I. HAZAN
2107 SE 10TH AVENUE 818
FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700005451847--0
-05/06/02--01009--009
****150.00 ****150.00

TITLE
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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 of 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 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 #

Attachment
DOC#

PLEASE REINSTATE MY CORPORATION. I DID NOT REALIZE MY CORPORATION WAS DISSOLVED UNTIL I GOING TO SELL MY BUSINESS.

THIS IS MY VERY FIRST BUSINESS IN THE STATE OF FLORIDA. I DID NOT REALIZE AN ANNUAL REPORT HAD TO BE FILED. I RELIED ON MY ATTORNEY TO FILE ALL NECESSARY PAPERS.

THIS WILL NEVER HAPPEN AGAIN.

PLEASE ABATE ANY PENALTIES.

ENCLOSED ARE TWO CHECKS TOTALING \$ 150.00 EACH. THIS IS FOR THE 2001 AND 2002 TAX YEARS.

THANK YOU FOR YOUR HELP.