

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90961 032 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01090025637			
1. Entity Name CANDYWRAP, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2031 NORTH BAY ROAD Suite, Apt. #, etc.		3. Mailing Address 2031 NORTH BAY ROAD Suite, Apt. #, etc.	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33140-4564	Country USA	Zip 33140-4564	Country USA
4. FEI Number 65-1085682		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XXX \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name SPIEGEL & UTRERA, PA			
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE			
City CORAL GABLES, FL		FL	Zip Code 33134
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 re-registering) DATE: _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRIAM KAPLAN 2031 NORTH BAY ROAD MIAMI BEACH, FL 33140-4564	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD
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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)(b), 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 807, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: MIRIAM KAPLAN - PRESIDENT		03-21-02 305-604-1990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)