

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-14-2003 90733 014 ***150.00

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

DOCUMENT # P01000086069

1. Entity Name

TAKEAWAY ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1303 SUSSEX DR 3506 COCO

3. Mailing Address

Suite, Apt. #, etc. LAKE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State COCONUT CREEK, FL
NP LAUDERDALE, FL

City & State

4. FEI Number

65-11341895

Applied For

Not Applicable

Zip 33008 33073

Country BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MORDECAI BUDNER

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

17682 SEALAKES DRIVE

City BOCA RATON

FL

Zip Code
33498

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date is applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/03

DATE

January 1 - May 31 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: HOWARD ZIMMERMAN
NAME: 1303 SUSSEX DRIVE 3506 COCO LAKE DRIVE
STREET ADDRESS: NO LAUDERDALE, FL 33008 COCONUT CREEK
CITY-ST-ZIP: FL 33073

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

Daytime Phone