

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90055 029 ***150.00

DOCUMENT # P01000114632

1. Entity Name

THE PEANUT BUTTER FACTORY, INC.

Principal Place of Business

**700 PINE DRIVE APT 201
POMPANO BEACH FL 33060**

Mailing Address

**PO BOX 551260
JACKSONVILLE FL 32255**

2. Principal Place of Business

3. Mailing Address

700 PINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 201

City & State

City & State

POMPANO BEACH, FL

4. FEI Number

03-0372869

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

USA

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

**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD BUILDING 100
JACKSONVILLE FL 32256**

Name

CLAUDIA LARA

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

700 PINE DR. APT #201

City

POMPANO BEACH

FL

Zip Code

33060

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]

Claudia Lara VP & owner.

03/20/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AZOULAY, STUART	
STREET ADDRESS	700 PINE DRIVE APT 201	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARA, CLAUDIA	
STREET ADDRESS	700 PINE DRIVE APT 201	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Azoulay, Stuart	
STREET ADDRESS	700 Pine Drive, Apt 201	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	DivT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lara, Claudia	
STREET ADDRESS	700 Pine Drive, Apt 201	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/02 954 943-5772

Date

Daytime Phone #

CR2E034 (9/01)