

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

DOCUMENT # **PD2000021553**

1. Entity Name  
**EXOTIC BITES, INC.**



FILED

03 NOV 21 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1840 South Young Cir.**  
Suite, Apt. #, etc.

3. Mailing Address

**1940 Madison St.**  
Suite, Apt. #, etc.  
**Apt. #2**

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

4. FEI Number

**650742068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**33020**

Country

Zip

**33020**

Country

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Maria Flores**

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

**1940 Madison St. #4**

City

**Hollywood**

FL

Zip Code

**3302**

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

*Maria Flores*

Signature, title of officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

**11-18-03**

DATE

January 1 - May 1 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>Maria Flores</b>	<b>President- Director</b>	<b>1940 Madison St. #4</b>
		<b>Hollywood, Fl</b>	<b>33020</b>

**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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Flores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-18-03 (954) 921 6667**

Date

Daytime Phone #

CR2E034B (12/02)