

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90107 032 ***150.00

DOCUMENT # P02000031990

1. Entity Name
PRETZELS USA, INC.



Principal Place of Business
**6149 WESTGATE DRIVE APT. 833
ORLANDO FL 32835**

Mailing Address
**6149 WESTGATE DRIVE APT. 833
ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

940 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33139

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0448340

Applied For

Not Applicable

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

POWELL, ALEXANDRE M

6149 WESTGATE DRIVE APT. 833

ORLANDO FL 32835

Name

Pedro J. Irujoqui

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

940 Lincoln Road Suite 201

City

Miami Beach

FL

Zip Code
33139

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **POWELL, ALEXANDRE M**
STREET ADDRESS **6149 WESTGATE DRIVE APT. 833**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KWASNICKA, FERNANDO**
STREET ADDRESS **6149 WESTGATE DRIVE APT. 833**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PENNA, LUIZ ALBERTO**
STREET ADDRESS **6149 WESTGATE DRIVE APT. 833**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

(305) 321-0669

Date

Daytime Phone #

CR2E034 (10/02)