

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076224

1. Entity Name

ROTISSERIE SALES COMPANY

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90115 031 ***150.00

Principal Place of Business

Mailing Address

920 N.E. 13 STREET
FORT LAUDERDALE FL 33304

920 N.E. 13 STREET
FORT LAUDERDALE FL 33304-2010

2. Principal Place of Business
450 NW 27 Avenue

3. Mailing Address
450 NW 27 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number 65-0485857

Applied For

Not Applicable

Zip 33311

Country

Zip 33311

Country

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

TEST, SUSAN J
920 N.E. 13 STREET
FORT LAUDERDALE FL 33304

Name
Test, Susan J.

Street Address (P.O. Box Number is Not Acceptable)
450 NW 27 Avenue

City Fort Lauderdale, FL FL Zip Code 33311

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MORETH, R
STREET ADDRESS 920 NE 13 STREET
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME Moreth, R
STREET ADDRESS 450 NW 27 Avenue
CITY-ST-ZIP Fort Lauderdale, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)