

2001 UNIFORM BUSINESS REPORT (UBR)

0278802

DOCUMENT # P94000022567

1. Entity Name
MARY L'S GOURMET GLATT KOSHER, INC.

FILED
01 MAY -2 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5436 N. UNIVERSITY DR. LAUDERHILL FL 33351 US**
Mailing Address: **5436 N. UNIVERSITY DR. LAUDERHILL FL 33351 US**



DO NOT WRITE IN THIS SPACE **LS**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State:

4. FEI Number **65-0485034**
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEFTON, PETER
5436 N. UNVIERSITY DR.
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent
Name: **Wasserman, Daniel**
Street Address (P.O. Box Number is Not Acceptable): **5436 N University Drive**
City: **Lauderhill** FL Zip Code: **33351**

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]* *[Signature]* DATE: **4/29/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 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: P	<input checked="" type="checkbox"/> Delete
NAME: LEFTON, PETER	
STREET ADDRESS: 5436 N. UNIVERSITY DR.	
CITY-ST-ZIP: FORT LAUDERDALE FL 33351	
TITLE: VP	<input type="checkbox"/> Delete
NAME: WASSERMAN, DANIEL	
STREET ADDRESS: 5436 N UNIVERSITY DR	
CITY-ST-ZIP: LAUDERHILL FL 33330	
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: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Muhluf, Avi	
STREET ADDRESS: 5436 N University Drive	
CITY-ST-ZIP: Lauderhill, FL 33351	
NAME: 100004287461--9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: -05/22/01--01078--008	
CITY-ST-ZIP: ****150.00 ****150.00	
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]* DATE: **4/29/01 (954) 742-2682**

CR2E034 (10/00)