

# 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



DO NOT WRITE IN THIS SPACE

LS

Principal Place of Business

Mailing Address

5436 N. UNIVERSITY DR.  
LAUDERHILL FL 33351  
US

5436 N. UNIVERSITY DR.  
LAUDERHILL FL 33351  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0485034

Applied For

Not Applicable

Zip

Country

Zip

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

LEFTON, PETER  
5436 N. UNIVERSITY DR.  
LAUDERHILL FL 33351

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]* DANIEL WASSERMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's signature required when reinstating)

DATE

4/29/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004287461--9	
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]* DANIEL WASSERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 (954) 742-2682

CR2E034 (10/00)