

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000028095**

1. Entity Name

**LIMIRICK PRETZEL, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90267 016 \*\*\*150.00

Principal Place of Business

Mailing Address

8375 HORSESHOE BAY RD.  
BOYTON BEACH FL 33437

8375 HORSESHOE BAY RD.  
BOYTON BEACH FL 33437-5045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9585 W. ATLANTIC BLVD

Suite, Apt. #, etc.

CORAL SQUARE MALL

Coral Springs FL

City & State

Zip

33011

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0485227

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

WENACUR, SANDRA  
8375 HORSESHOE BAY RD.  
BOYTON BEACH FL 33437

Name

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

City

FL

Zip Code

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 VPS ☒ Delete  
NAME WENACUR, RICKY  
STREET ADDRESS 35 ROCKEDGE RD  
CITY-ST-ZIP HARTSDALE NY

TITLE VPS ☒ Change ☐ Addition  
NAME WENACUR, RICKY  
STREET ADDRESS 4 O'REILLY CT  
CITY-ST-ZIP CROTON-ON-HUDSON, NY 10520

TITLE P ☐ Delete  
NAME WENACUR, SANDRA  
STREET ADDRESS 8375 HORSESHOE BAY RD  
CITY-ST-ZIP BOYNTON BCH FL

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  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA WENACUR

Date

4/27/00

Daytime Phone #

84-83-9449

CR2E034 (9/99)