

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 17 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067751

1. Entity Name
FLORIDA DELI PICKLE COMPANY, INC.



Principal Place of Business
200 N W 20TH AVENUE
FT. LAUDERDALE FL 33311
US

Mailing Address
200 N W 20TH AVENUE
FT. LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0524695

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

BABBITT, SCOTT-B ESQ.
800 WEST CYPRESS CREEK RD.
SUITE 502
FT. LAUDERDALE FL 33309

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 PD
NAME BELL, GEORGE
STREET ADDRESS 200 N W 20TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500023905455
10/17/03--01045--016 ***150.00

TITLE VD
NAME HARTMAN, ERWIN
STREET ADDRESS 200 N W 20TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

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

TITLE SD
NAME HIRSCHKORN, MICHAEL
STREET ADDRESS 200 N W 20TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (4/03)



Schorr's
Pickles

**MIRAMAR
PICKLES**

MIRAMAR FOOD PRODUCTS

October 9, 2003

Florida Deli Pickle
200 NW 20 ave
Ft. Lauderdale, Fl 33311

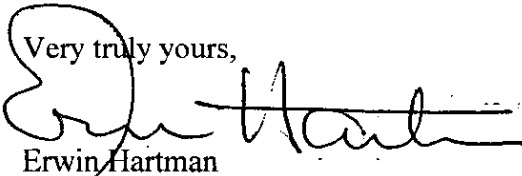
Department of State
Divisions of Corporations
P.O Box 6327
Tallahassee, Fl 32314

Re: Document # P94000067751
Application for reinstatement

To Whom It May Concern:

I am enclosing the application for reinstatement for my corporation, including the filing fee of \$ 150.00. I have never received the two prior uniform business reports (UBR) notices.

Very truly yours,



Erwin Hartman