

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042768

1. Entity Name

MUSIL CHOCOLATE MAKER, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90094 028 ***150.00

Principal Place of Business

15050 N.E. 20TH AVE.
 SUITE H
 NORTH MIAMI FL 33181

Mailing Address

15050 N.E. 20TH AVE.
 SUITE H
 NORTH MIAMI FL 33181-1123

2. Principal Place of Business

1999 N.E. 150 ST.

Suite, Apt. #, etc.

108

City & State

North Miami, Florida

Zip

33181

Country

USA

3. Mailing Address

1999 NE 150 ST.

Suite, Apt. #, etc.

Suite 108

City & State

North Miami, Florida

Zip

33181

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0585051

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

LEVINE, ELLEN
 15050 N.E. 20TH AVENUE
 SUITE H
 NORTH MIAMI FL 33181

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	D	<input type="checkbox"/> Delete
NAME	LEVINE, ELLEN	
STREET ADDRESS	15050 N.E. 20TH AVE. SUITE H	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Ellen Levine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00 (305) 940-7388

CR2E034 (9/99)