

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90516 007 \*\*\*150.00

**DOCUMENT # P95000042768**

1. Entity Name

**MUSIL CHOCOLATE MAKER, INC.**

Principal Place of Business

Mailing Address

1999 NE 150 ST  
 108  
 MIAMI FL 33181  
 US

1999 NE 150 ST  
 108  
 MIAMI FL 33181  
 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 **65-0585051**

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 **Ellen Levine**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1999 NE 150 ST Suite 108**  
 City **North Miami, Florida** **FL** Zip Code **33181**

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 Ellen Levine, Ellen Levine Pres. DATE 2/19/01

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, 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

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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	<b>D- LEVINE, ELLEN</b> <b>15050 N.E. 20TH AVE. SUITE H</b> <b>NORTH MIAMI FL 33181</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Levine, Ellen</b> <b>1999 N.E. 150 ST. Suite 108</b> <b>North Miami, FL 33181</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Ellen Levine, Ellen Levine Pres. DATE 2/19/01 DAYTIME PHONE # 305-740-7338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)