

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 036 ***150.00

DOCUMENT # P95000050416

1. Entity Name

CHEW CHEW DISTRIBUTORS, INC.



Principal Place of Business

2176 S.W. 117TH TERR.
FT. LAUDERDALE FL 33325

Mailing Address

2176 S.W. 117TH TERR.
FT. LAUDERDALE FL 33325

2. Principal Place of Business

13800 S. Jog Rd
Suite A10
Delray FL

3. Mailing Address

13800 S. Jog Rd
Suite A10
Delray FL

City & State

Delray FL

City & State

Delray FL

Zip 33484

Country

Zip 33484

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0592155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTFRIED, RACHEL

2176 SW 117TH TERRACE
FT. LAUDERDALE FL 33325

7. Name and Address of New Registered Agent

Name

Gottfried, Rachel

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

13800 S. Jog Rd
Suite A10

City

Delray

FL

Zip Code

33484

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

R. Gottfried

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	GOTTFRIED, RACHEL	
STREET ADDRESS	2176 S.W. 117TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Rachel Gottfried	
STREET ADDRESS	13800 S. Jog Rd. Suite A10	
CITY-ST-ZIP	Delray FL 33484	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

R. Gottfried
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/03

CR2E034 (10/02)