

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90093 018 ***150.00

DOCUMENT # P95000058606

1. Entity Name

BISCAYNE TREATS, INC.

Principal Place of Business

13750 BISCAYNE BLVD., #B
MIAMI FL 33181

Mailing Address

13750 BISCAYNE BLVD., #B
MIAMI FL 33181

2. Principal Place of Business

13750 Biscayne Blvd
Suite, Apt. #, etc.
#B

3. Mailing Address

212 Three Islands Blvd
Suite, Apt. #, etc.
302

City & State

MIAMI FL
Zip **33181** Country **USA**

City & State

HALLANDALE FL
Zip **33009** Country **USA**

4. FEI Number

65-0600573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISER, LAWRENCE
300 THREE ISLANDS BLVD., #305
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **CLAUDETTE WEISER**
Street Address (P.O. Box Number is Not Acceptable)
212 THREE ISLANDS BLVD. #302
HALLANDALE
City **FL** Zip Code **33009**

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

Claudette Weiser

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-2001

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEISER, LAWRENCE	
STREET ADDRESS	300 THREE ISLANDS BLVD., #305	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEISER, CLAUDETTE	
STREET ADDRESS	455 GOLDEN ISLES DR., #103	
CITY-ST-ZIP	HALLANDALE FL 33009	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY + TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, LAWRENCE	
STREET ADDRESS	300 THREE ISLANDS BLVD #305	
CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE	D. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, CLAUDETTE	
STREET ADDRESS	212 THREE ISLANDS BLVD #302	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

Claudette Weiser

CLAUDETTE WEISER

Date

1-15-2001

Daytime Phone #

954 455 2159

CR2E034 (10/00)