

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90011 044 ***150.00

0279254

DOCUMENT # P95000076231

1. Entity Name
PEDERSEN SMOKERIES, INC.

Principal Place of Business Mailing Address
10254 NW 47TH STRET **10254 NW 47TH STRET**
SUNRISE FL 33351 **SUNRISE FL 33351**

00032607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4891 N. W. 103rd. Avenue **4891 N. W. 103rd. Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.
11-J **11-J**

City & State City & State
SUNRISE, Florida **SUNRISE, Florida**

4. FEI Number Applied For
65-0612571 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33351 **USA** **33351** **USA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOHENADEL, FRANZ J
10254 NW 47TH STRET
SUNRISE FL 33351

Name **HOHENADEL, Franz J.**
 Street Address (P.O. Box Number is Not Acceptable)
4891 N.W. 103rd. Avenue, Ste. 11-J
 City **SUNRISE** FL Zip Code **33351**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	D PEDERSEN, NIELS L <input type="checkbox"/> Delete
STREET ADDRESS	10254 NW 47TH STRET
CITY-ST-ZIP	SUNRISE FL 33351
TITLE NAME	D HOHENADEL, FRANZ J <input type="checkbox"/> Delete
STREET ADDRESS	10254 NW 47TH STRET
CITY-ST-ZIP	SUNRISE FL 33351
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	D PEDERSEN, Niels <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4891 N.W. 103rd. Avenue, Ste. 11-J
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE NAME	D HOHENADEL, Franz J. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4891 N.W. 103rd. Avenue, Ste. 11-J
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: *HOHENADEL, Franz J.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2001 (954) 741-0080
 Date Daytime Phone #

CR2E034 (10/00)