

52 **AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P95000076540

02 NOV 20 AM 11:22

1. Entity Name

**SILVER LAKES TREATS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

100009100821  
11/20/02--01031--003 \*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**17722 Pines Boulevard**

Suite, Apt. #, etc.

3. Mailing Address

**17722 Pines Boulevard**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, FL**

City & State

**Pembroke Pines, FL**

4. FEI Number

**65-0616935**

Applied For

Not Applicable

Zip

**33029**

Country

**US**

Zip

**33029**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CUTLER, CHARLES**

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

**3320 WASHINGTON LANE**

City

**COOPER CITY**

**FL**

Zip Code

**33026**

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 **Charles Cutler**

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

(NOTE: Registered Agent signature required when reinstating)

**NOVEMBER 12, 2002**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 **P/D**  
NAME **CUTLER, CHARLES**  
STREET ADDRESS **3320 WASHINGTON LANE**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles Cutler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NOVEMBER 12, 2002** 954-443  
3334

Date

Daytime Phone #

CR2E034B (12/01)