

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # **P96000027230**
 1. Entity Name **Paradise Pastries Inc**
8385 NW 46 Dr
Coral Springs, FL 33067-6132

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 30 AM 10:13

Principal Place of Business Mailing Address
2900 W Sample Rd **8385 NW 46 Dr**
Pompano Bch, FL 33073 **Coral Springs, FL**
33067-6132

2. Principal Place of Business 3. Mailing Address
2900 W Sample Road **8385 NW 46 Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pompano Bch, FL **Coral Springs, FL**
 Zip Country Zip Country
33073 **Broward** **33067** **Broward**

4. FEI Number Applied For
05-0652086 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jill Stethem
4131 NW 8 Terrace
Pompano Bch, FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Zbigniew Cichowski		NAME		
STREET ADDRESS	8385 NW 46 Dr		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Zbigniew Cichowski** **11-27-00** **954-975-5934**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

**Paradise
Pastries Inc.**

2900 W Sample Road
Pompano Beach, FL
33073

P96-27230 20f2
Tel: 954 975-5934

Monday, October 23, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: EIN # 65-0652086

To Whom it May Concern,

Please be advised that I did not received my corporation form this year. I have had a lot of problems with my mail all year. I have had to request all my bank statements from the bank because I have not received any this year. Many important papers have not been received along with regular bills. We have brought this to the attention of the post office with no reasonable explanation as yet.

Please except my check enclosed for \$150.00 as reinstatement for my corporation.

Sincerely,

Zbigniew Cichowski

Zbigniew Cichowski
President