

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053350

1. Entity Name

KOSHER TREATS AT SHERIDAN, INC.

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90082 031 \*\*\*150.00

Principal Place of Business

3357 SHERIDAN ST.  
 HOLLYWOOD FL 33021  
 US

Mailing Address

3357 SHERIDAN ST.  
 HOLLYWOOD FL 33021  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0710959

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERTZEL NOTIS  
 3357 SHERIDAN ST.  
 HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP ☐ Delete  
 NAME HERTZEL NOTIS  
 STREET ADDRESS 3357 SHERIDAN ST.  
 CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME DONNA NOTIS  
 STREET ADDRESS 3357 SHERIDAN ST.  
 CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
Doc. # P96000053350  
A0072128

**AMERICAN ACCOUNTING, INC.**

17001 Northeast Sixth Avenue  
North Miami Beach, Florida 33162  
Phone (305) 653-7350  
Fax (305) 653-5205

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Fla. Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Kosher Treats at Sheridan, Inc. Doc. # P96000053350 2000 Corp Annual Report

My client Kosher Treats at Sheridan, Inc. document # P96000053350 never received the original 2000 Corporation Annual report or the second notice annual report. The post office recently delivered the notice of administrative dissolution form. I called your office in Tallahassee and explained the situation to them. They told me, mail them a letter of explanation, the annual fee for \$150.00, and the report.

Please Review and Advise

Very Truly Yours,



Stuart Socol