

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019814

1. Entity Name

SMALL FRY CARROUSEL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90149 025 ***150.00

Principal Place of Business

20241 NE 10TH COURT
NO MIAMI BEACH FL 33179

Mailing Address

20241 NE 10TH COURT
NO MIAMI BEACH FL 33179-2514

2. Principal Place of Business

21430 NE 20 AVE

Suite, Apt. #, etc.

3. Mailing Address

21430 NE 20 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH

City & State

N. MIAMI BEACH

4. FEI Number

65-0738813

Applied For

Not Applicable

Zip

Country

33179

DADE

Zip

Country

33179

DADE

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

Name

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

City

FL

Zip Code

JACOBSON, STEWART ESQ
950 SO FEDERAL HIGHWAY
HOLLYWOOD FL 33020

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME D
STREET ADDRESS ISRAEL, ROBERT
CITY-ST-ZIP 20241 NE 10TH COURT
NO MIAMI BEACH FL 33179

TITLE ☒ Change ☐ Addition
NAME 21430 NE 20 AVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ISRAEL, KKATHLEEN
CITY-ST-ZIP 20241 NE 10TH COURT
NO MIAMI BEACH FL 33179

TITLE ☒ Change ☐ Addition
NAME 21430 NE 20 AVE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Kathleen Israel V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 305-651-2608
Date Daytime Phone #

CP2E034 (9/99)