

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019814**

1. Entity Name

SMALL FRY CARROUSEL, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90218 017 ***150.00

0058458 AV

Principal Place of Business

**21430 NE 20 AVE
NO MIAMI BEACH FL 33179**

Mailing Address

**21430 NE 20 AVE
NO MIAMI BEACH FL 33179****80135083**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0738813**

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

**JACOBSON, STEWART ESQ
950 SO FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 STREET ADDRESS CITY-ST-ZIP	D ISRAEL, ROBERT 21430 NE 20 AVE NO MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL, KKATHLEEN 21430 NE 20 AVE NO MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2002 305-466-1034

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PA7 000019814

SMALL FRY CARROUSEL

21430 NE 20th AVENUE N. MIAMI BEACH FL 33179
Phone 305-466-1034 Fax 305-935-4670

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

Dear Sirs;

This is the first notice we received regarding this Corporation. I spoke to someone in your office yesterday and was informed that the first one was returned to you.

I am enclosing a check for \$150.00 and apologize for not realizing it earlier as we are never late.

Thank you;



Kathleen Israel, V.P.
8/20/2002