

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044399

1. Entity Name
ANITA'S BROWN BAG, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90034 030 ***150.00

Principal Place of Business

14501 W. SUNRISE BLVD.
SUNRISE FL 33232

Mailing Address

14501 W. SUNRISE BLVD.
SUNRISE FL 33232-3210

2. Principal Place of Business

5144 NW 65 Terrace
Suite, Apt. #, etc.

3. Mailing Address

5144 NW 65 Ter
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Coral Springs, FL** City & State **Coral Springs, FL** 4. FEI Number **65-0758979** Applied For ☐ Not Applicable ☐

Zip **33067** Country **Broward** Zip **33067** Country **Broward** 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COOK, VICTORIA L ESQ.
C/O LAW OFFICES OF WILLIAM L.BROMAGEN, P.A
1881 N.E. 26TH ST., SUITE 202
FORT LAUDERDALE FL 33305
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 _____

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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CRAIG, ANITA R | | NAME | | |
| STREET ADDRESS | 5144 NW 65 TERRACE | | 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 | | |
| 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: Anita R Craig Anita R Craig 4-20-00 (954) 227-8415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #