

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057287

1. Entity Name **SUNDAE'S ICE CREAM BAR, INC.**

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90089 026 ***150.00

Principal Place of Business Mailing Address
908 NORTHLAKE BLVD. 1447 10th ST.
LAKE PARK, FL. LAKE PARK, FL.
33403 33403

2. Principal Place of Business 3. Mailing Address
908 NORTHLAKE BLVD 1447 10th ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE PARK, FL. LAKE PARK, FL.
Zip Country Zip Country
33403 U.S.A. 33403 U.S.A.

4. FEI Number Applied For
65-0765225 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JAMES R. MEROLA, P.A.
SUITE 204
11380 PROSPERITY FARMS RD.
PALM BEACH GARDENS, FL. 33410

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 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

TITLE	RAYMOND SCHWARTZ <input type="checkbox"/> Delete
NAME	PRESIDENT
STREET ADDRESS	920 ORANGE DR.
CITY-ST-ZIP	LAKE PARK, FL. 33403
TITLE	VIC- PRES. <input type="checkbox"/> Delete
NAME	DEAN PRIMAVERA
STREET ADDRESS	7043 GRASSY DAY DR.
CITY-ST-ZIP	WEST PALM BEACH, FL. 33411
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 (561) **848-0123**
Date Daytime Phone #

CR2E034 (9/99)