

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074928

1. Entity Name

SMOOTHIE TIME HEALTH FOOD, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90310 020 ***150.00

Principal Place of Business

FIU CAMPUS
10700 SW 8TH ST
MIAMI FL 33199
US

Mailing Address

P O BOX 144158
CORAL GABLES FL 33114
US

2. Principal Place of Business

3. Mailing Address

9645 SW 148 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33196

USA

4. FEI Number

65-0780482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABREU-PEREZ, CESAR
5757 BLUE LAGOON DR
STE 350
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
ABELARDO KELZI
Street Address (P.O. Box Number is Not Acceptable)
9645 SW 148 PL
City
MIAMI FL Zip Code
33196

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

ABELARDO KELZI, PRES.

4/19/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ-ABREU, CESAR 5757 BLUE LAGOON DR STE 350 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ-ABREU, EMELINA 5757 BLUE LAGOON DR #350 MIAMI FL 33126	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.T. ABELARDO KELZI 9645 SW 148 PL MIAMI, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P.S. ELIAS KELZI 9645 SW 148 PL MIAMI, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED

ABELARDO KELZI

REGISTERING OFFICER OR DIRECTOR

4/19/01

Date

305-348-1776

Daytime Phone #

CR2E034 (10/00)