

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90015 025 ***150.00

DOCUMENT # Candy Expressions Inc.
Entity Name P9800000 5364 ✓

Principal Place of Business 1615 N Hiatus Road
Mailing Address same
Pembroke Pines Fl. 33026

Principal Place of Business 1615 N Hiatus Rd
Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State Pembroke Pines Fl
Zip 33026 Country Broward
City & State City & State
Zip Country

4. FEI Number 65-0804851
Applied For Not Applicable
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 Jennifer Lieb
Street Address 12356 NW 13 Ct
City Pembroke Pines FL Zip Code 33026

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 Jennifer C Lieb DATE 3/9/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	ST- ZIP	TITLE	NAME
ST- ZIP		STREET ADDRESS	CITY- ST- ZIP
ADDRESS	ST- ZIP	TITLE	NAME
ST- ZIP		STREET ADDRESS	CITY- ST- ZIP
ADDRESS	ST- ZIP	TITLE	NAME
ST- ZIP		STREET ADDRESS	CITY- ST- ZIP
ADDRESS	ST- ZIP	TITLE	NAME
ST- ZIP		STREET ADDRESS	CITY- ST- ZIP
ADDRESS	ST- ZIP	TITLE	NAME
ST- ZIP		STREET ADDRESS	CITY- ST- ZIP

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 Jennifer C Lieb
Date 2/5/2000
Daytime Phone # 954-430-9100