

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90099 015 ***150.00

DOCUMENT # P98000021458

1. Entity Name

DESSERTS & DESSERTS CO.

Principal Place of Business

Mailing Address

1235 FAIRLAKE TRACE
506
WESTON FL 33326

1235 FAIRLAKE TRACE
506
FORT LAUDERDALE FL 33326-2872

2. Principal Place of Business

2 S.E 14 Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

4. FEI Number

65-0818186

Applied For

Not Applicable

Zip

33441

Country

Barbados

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

PELAEZ, MARGARITA
5432 NE 5TH AVE.
FT. LAUDERDALE FL 33334

Name Pelaez Margarita

Street Address (P.O. Box Number is Not Acceptable)

2 S.E 14 Place

City Deerfield Beach

FL

Zip Code 33441

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PELAEZ, MARGARITA
STREET ADDRESS 5432 NE 5TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete

TITLE Pelaez Margarita
NAME Pelaez Margarita
STREET ADDRESS 2 S.E 14 Place
CITY-ST-ZIP Deerfield Beach FL 33441 ☐ Change ☐ Addition

TITLE SD
NAME GARCIA, OLGA P
STREET ADDRESS 16643 REDWOOD WAY
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Margarita Pelaez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/00

Date

(954) 873-7406

Daytime Phone #

CR2E034 (9/99)