## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000045907

1. Entity Name

ANNIE'S FRESH FISH & BAKED GOODS RESTAURANT, INC

Principal Place of Business

Mailing Address

		1100-02 NE 4TH AVENUE FORT LAUDERDALE FL 33304		-	
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0838638 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	able
<del></del>	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent	$\dashv$
	O. Hallio dila Madicoo di Gallono.		Name		
	rer, Javis NW 45 street		Street Address	ss (P.O. Box Number is Not Acceptable)	
OAKL	AND PARK FL 33309				
			City	FL Zip Code	
8. The above : SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent ar		registered office or regis	stered agent, or both, in the State of Florida.  Lired when reinstating)  DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 101 Fee will be \$550.00 ble to Department of S		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\Box$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, JAVIS 1100-02 NE 4TH AVENUE FORT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNTER, CHRISTINE 1841 N.W. 45TH ST. OAKLAND PARK FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	iition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Add	lition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Ado	lition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Ado	dition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jun 20, 2001 8:00 am Secretary of State

06-20-2001 90004 046 \*\*\*558.75