

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90946 035 \*\*\*150.00

**DOCUMENT # P98000080254**

1. Entity Name  
**SAMMY'S PICKLE COMPANY**

Principal Place of Business 1643 NE 14 AVENUE FORT LAUDERDALE FL 33305	Mailing Address 1643 NE 14 AVENUE FORT LAUDERDALE FL 33305-3312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1177 N.W. 81 Street</b>	3. Mailing Address <b>1177 N.W. 81 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami FL</b>	City & State <b>Miami F</b>	4. FEI Number <b>65-0871055</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33150</b>	Country <b>DADE</b>	Zip <b>33150</b>	Country <b>DADE</b>

6. Name and Address of Current Registered Agent <b>SCHACHNER, HAROLD</b> 1643 NE 14 AVENUE FORT LAUDERDALE FL 33305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1177 N.W. 81 Street</b> City <b>Miami</b> FL Zip Code <b>33150</b>
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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]* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>PRIDER, AL</b> 1643 NE 14 AVENUE FORT LAUDERDALE FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Jack Posner</b> 1177 N.W. 81 Street Miami FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRIDER, AL</b> 1643 NE 14 AVENUE FORT LAUDERDALE FL 33305 <input checked="" 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"/> 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"/> 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"/> Delete	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 reports 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]* **4/25/00** **(305) 691-6050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)