

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101957

1. Entity Name

SUGAR SHACK CYCLES AND ACCESSORIES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90074 002 ***150.00

Principal Place of Business

Mailing Address

5277 COCONUT CREEK PARKWAY
MARGATE FL

5277 COCONUT CREEK PARKWAY
MARGATE FL 33063-3962

2. Principal Place of Business

5249 Coconut Creek Pkwy
Suite, Apt. #, etc.

3. Mailing Address

5249 Coconut Creek Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Margate Florida

City & State

Margate Florida

4. FEI Number

65-0889564

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C ESQ.
100 W. CYPRESS CREEK ROAD
SUITE 910
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PSTD
NAME CAWEIN, ANITA
STREET ADDRESS 2821 SOMERSET DRIVE APT. A407
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: X

Anita M. Cawein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANITA M. CAWEIN

Date

Daytime Phone #

954-970-4611

3/22/00

CR2E034 (9/99)