

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000000888

1. Entity Name

ULTIMATE SMOOTHIE OF MIAMI LAKES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-22-2000 90025 042 ***150.00

Principal Place of Business

8721 N.W. 18TH STREET
PEMBROKE PINES FL 33024

Mailing Address

8721 N.W. 18TH STREET
PEMBROKE PINES FL 33024-3303

2. Principal Place of Business

15536 N.W. 77th Ct
Suite, Apt. #, etc.
15536

3. Mailing Address

15536 N.W. 77th Ct
Suite, Apt. #, etc.
15536



DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-0883168

Applied For

Not Applicable

Zip

33016

Country

ORDE

Zip

33016

Country

ORDE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RELLA, DOMINICK F
8721 N.W. 18TH STREET
PEMBROKE PINES FL 33024

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RELLA, DOMINICK F	
STREET ADDRESS	8721 N.W. 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	KING, JULIE A	
STREET ADDRESS	9408 S.W. 53RD STREET	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
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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 lines empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

(305) 821-5151

Daytime Phone #