

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024393

1. Entity Name

SCHAKOLAD FRANCHISE DEVELOPMENT CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90141 030 ***150.00

Principal Place of Business

Mailing Address

509 SOUTH SEMORAN BOULEVARD
WINTER PARK FL 32792

509 SOUTH SEMORAN BOULEVARD
WINTER PARK FL 32792-4902

2. Principal Place of Business

480 N. ORLANDO AVE.

3. Mailing Address

480 N. ORLANDO AVE.

Suite, Apt. #, etc.

#131

Suite, Apt. #, etc.

#131

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3563709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	PD	<input type="checkbox"/> Delete
NAME	SCHAKED, EDGAR	
STREET ADDRESS	509 SOUTH SEMORAN BOULEVARD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCHAKED, BARUCH	
STREET ADDRESS	509 SOUTH SEMORAN BOULEVARD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAKED, EDGAR	
STREET ADDRESS	480 N. ORLANDO AVE. #131	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAKED, BARUCH	
STREET ADDRESS	480 N. ORLANDO AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Schakad, Edgar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000
Date

(407) 677-4114
Daytime Phone #

CR2E034 (9/99)