

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024400

1. Entity Name

SCHAKOLAD' OF ORLANDO CORP.

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

04-25-2000 90062 021 \*\*\*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.

Suite, Apt. #, etc.

#131

#131

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

Zip

Zip

Country

Country

32789

USA

32789

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-3565879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**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 ☐ Delete  
NAME SCHAKED, BARUCH  
STREET ADDRESS 509 SOUTH SEMORAN BOULEVARD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE PD ☒ Change ☐ Addition  
NAME SCHAKED, BARUCH  
STREET ADDRESS 480 N. ORLANDO AVE. #131  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VSTD ☐ Delete  
NAME SCHAKED, EDGAR  
STREET ADDRESS 509 SOUTH SEMORAN BOULEVARD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VSTD ☒ Change ☐ Addition  
NAME SCHAKED, EDGAR  
STREET ADDRESS 480 N. ORLANDO AVE. #131  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Schaked, Baruch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2000  
Date

(407) 677-4114  
Daytime Phone #

CR2E034 (9/99)