

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90062 021 ***150.00

DOCUMENT # P99000024400

1. Entity Name

SCHAKOLAD' OF ORLANDO CORP.

Principal Place of Business

Mailing Address

509 SOUTH SEMORAN BOULEVARD
 WINTER PARK FL 32792

509 SOUTH SEMORAN BOULEVARD
 WINTER PARK FL 32792-4902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

480 N. ORLANDO AVE

480 N. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

131

131

City & State

City & State

WINTER PARK, FL

WINTER PARK, FL

4. FEI Number

58-3565879

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

USA

32789

USA

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. (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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAKED, BARUCH 509 SOUTH SEMORAN BOULEVARD WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAKED, BARUCH 480 N. ORLANDO AVE. #131 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHAKED, EDGAR 509 SOUTH SEMORAN BOULEVARD WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHAKED, EDGAR 480 N. ORLANDO AVE. #131 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Sigal Schaked
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2000
 Date

(407) 677-4114
 Daytime Phone #

CR2E034 (9/99)