

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027595

1. Entity Name

LITTLE PISHERS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90171 014 ***150.00

Principal Place of Business

Mailing Address

~~3921 N.W. 63RD AVE.~~
~~HOLLYWOOD FL 33024~~

~~3921 N.W. 63RD AVE.~~
~~HOLLYWOOD FL 33024-2140~~

2. Principal Place of Business

3. Mailing Address

5842 STIRLING ROAD

5842 STIRLING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-3566305

Applied For

Not Applicable

Zip
33021

Country

USA

Zip

33021

Country

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

DORSKY, ERIC
4430 S.W. 64TH AVE.
DAVE FL 33314

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	D	<input type="checkbox"/> Delete
NAME	DEITZ, ERICA	
STREET ADDRESS	3921 N.W. 63RD AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CYPRESS, MELISSA	
STREET ADDRESS	3301 N.W. 63RD AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Erica M. Deitz, President

2-24-00

964-5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)