

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030101

1. Entity Name

Flavor Deuce of Florida, Inc.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90485 032 \*\*\*150.00

Principal Place of Business

1813 N. 21st Street  
Tampa, FL 33605

Mailing Address

1813 N. 21st Street  
Tampa, FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569889

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

7. Name and Address of New Registered Agent

Name

Bradley J. Wood, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2639 Ninth Street North

City

St. Petersburg

FL

Zip Code

33704

Bradley J. Wood, Esq.  
2600 Ninth Street North, 2nd Floor  
St. Petersburg, FL 33704

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	Soofi, Maziar	132 Register Drive	Newark, DE 19711	<input type="checkbox"/>
D	Sari, Devrim	132 Register Drive	Newark, DE 19711	<input type="checkbox"/>
D	Litterell, Todd	1504 N. Broom Street, #19	Wilmington, DE 19806	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Soofi, Maziar	1813 N. 21st Street	Tampa, FL 33605	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maziar Soofi, Director

4-27-00

Date

Daytime Phone #

813-643-2727

CR2E034 (9/99)