

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050237

1. Entity Name

CHEERS, INC.

Principal Place of Business

Mailing Address

2041 SW 136 AVE
DAVIE FL 33325

2041 SW 136 AVE
DAVIE FL 33325-5118

2. Principal Place of Business

2041 SW 136 AVE
Suite, Apt. #, etc.

3. Mailing Address

2041 SW 136 AVE
Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0926022

Applied For

Not Applicable

Zip

33325

Country

BROWARD

Zip

33325

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASCARO, CAROL M
2041 SW 136 AVE
DAVIE FL 33325

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 re-stating)

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-STATE-ZIP
PD
MASCARO, CAROL M
2041 SW 136 AVE
DAVIE FL 33325

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
MASCARO, LIZAL D
2041 SW 136 AVE
DAVIE FL 33325

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPD
JEROME V MASCARO
2041 SW 136 AVE
DAVIE FL 33325

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

CAROL M MASCARO

5-1-00

954-630-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 JUN 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-24-2000-90191 045-150 00

CR2034 (9/99)