

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90007 040 ***150.00

DOCUMENT # P99000052756

1. Entity Name

KOSHER GOURMET CATERING & PASTRY, INC.

f

Principal Place of Business

1781 BISCAYNE BLVD
 AVENTURA FL 33160

Mailing Address

1781 BISCAYNE BLVD
 AVENTURA FL 33160

2. Principal Place of Business

17851 Biscayne Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

17851 Biscayne Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Aventura, FL

Zip
33160

Country
USA

City & State
Aventura, FL

Zip
33160

Country
USA

4. FEI Number

65-0925719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIEGLER, LOURDES
5386 SW 33RD WAY
FT LAUDERDALE FL 33312

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | P | <input type="checkbox"/> Delete |
| NAME | FIEGLER, LOURDES | |
| STREET ADDRESS | 5386 SW 33RD WAY | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33312 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fiegler, Lourdes | |
| STREET ADDRESS | 5386 SW 33rd way | |
| CITY-ST-ZIP | ft. lauderdale, FL 33312 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dweck, Eddie | |
| STREET ADDRESS | 5386 SW 33rd way | |
| CITY-ST-ZIP | ft. lauderdale, FL 33312 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00
 Date

(954) 965-8090
 Daytime Phone #

CR2E034 (5/00)



David Torchin, C.P.A., P.A.

a professional association

8211 West Broward Blvd., Suite 200 • Plantation, Florida 33324

Phone: (954) 472-3124 • Facsimile: (954) 472-0067

Internet: www.davidtorchin.com

Attachment
#P99000052756
A0077711

September 11, 2000

Florida Department of State
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Kosher Gourmet Catering & Pastry, Inc.
P99000052756**

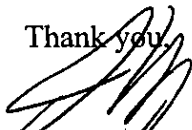
To Whom It May Concern:

Please be advised, there was a misprint in my clients' Articles of Incorporation. Both the principal place of business and the mailing address were missing a digit. Therefore, my clients never received the first notice for their 2000 Uniform Business Report.

By chance, my clients happened to receive their second notice even though the address was written incorrectly. This being the case, I would like to request an abatement of penalties for the late filing of their 2000 UBR.

Enclosed, you will find all of the corrections to their account as well as a check for \$150.00. Please accept this in full satisfaction of their year 2000 filing requirements.

Thank you



Jay Borsky

Member:

*American Institute of Certified Public Accountants • Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants Private Companies Practice Section*