

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000052756**

1. Entity Name

Kostler Gourmet Catering & Pastry, Inc.

Principal Place of Business

**17851 Biscayne Blvd.
Aventura, FL 33160**

Mailing Address

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Fiegler, Lourdes
5386 SW 33rd Way
Ft. Lauderdale, FL 33312**

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	Fiegler, Lourdes	
STREET ADDRESS	5386 SW 33 Way	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME	Dweck, Eddie	
STREET ADDRESS	5386 SW 33 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"/> 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		
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:

Eddie Dweck

10-2-01

954-965-8090

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -3 AM 9:44

600004629326--6

-10/10/01--01030--012

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0925719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (11/00)

Eddie Dweck
5386 S.W. 33rd Way
Ft. Lauderdale, FL 33312
954-965-8090

10/2/01

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

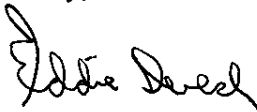
To Whom It May Concern:

Enclosed is a blank UBR form, which I have requested from your office and filled out for my corporation, Kosher Gourmet Catering & Pastry, Inc.

My business has been under construction for more than the past year and I have not been able to receive mail there. I have not changed my address on this enclosed form because my location is within a couple of months of opening and I should now be able to receive any future mailing there.

Thank you in advance for your consideration in this matter.

Yours truly,



Eddie Dweck