

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062216

1. Entity Name
COOKING FOR KIDS, INC.

Principal Place of Business

3745 N.W. 23RD CT.
BOCA RATON FL 33431

Mailing Address

3745 N.W. 23RD CT.
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ZUCKER, ELIZABETH
3745 N.W. 23RD CT.
BOCA RATON FL 33431

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 \$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

TITLE PD
NAME ZUCKER, ELIZABETH
STREET ADDRESS 3745 NW 28 RT CT
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/01 (561) 483-7814
Date Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90092 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
938646
HP660000622K

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date:

11-27-99

0716

927712

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

Elizabeth Zucker

3745 NW 23rd Ct

Boca Raton, FL 33481

Dear Taxpayer:

We are returning your Form
information indicated by the
for processing. You may find

Attention:

In reference to Idem No 4
FEI Number, please review the
attached document. Thank you,
Elizabeth Zucker

1. Social Security Number:
 - A. Corporation - Pres
 - B. Partnership - Gen
 - C. Trust - Grantor/T
 - D. Estate - Decedent
 - E. Non-Resident/Can
certificate, or drive
 - F. Other - Owner, So
 - G. Copy of social secu

2. Mailing Address / Location Address of Business.

(Note: Address in 5a & 5b must be in same county and state indicated on line 6 of Form SS-4).

3. Business Operational Date on line 10 of Form SS-4.

- A. Corporation - Date business started or acquired.
- B. Partnership - Date partnership agreement went into effect.
- C. Trust - Date trust was created or funded.
- D. Estate - Date of death of the decedent.
- E. Other - Date business or organization started.

4. Fiscal Year Month on line 11 of Form SS-4.

5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).

6. Telephone Number of Business on line 17c of Form SS-4.

7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate from your state of incorporation.

(over)

Attachment
938644
P99 00006221

8. A "Limited Liability Company" can file either as a Corporation, Partnership, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members.

9. Signature

- A. Corporation - President, V. President, other principal officer, or member of LLC.
- B. Partnership - General partner or member of LLC.
- C. Trust or Estate - Personal Representative, Executor, Administrator, or Fiduciary.
- D. Sole Proprietor, Owner
- E. Other - Any third party signing the Form SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4. We are unable to assign you an Employer Identification Number, as you will not be filing any business tax returns. You are to use your social security number (SSN) on Schedule C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you are to also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax form; 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 L.R. B. 7, at the following address: Internal Revenue Service
Associate Chief Counsel Domestic
ATTN: CC:DOM:CORP:T
P. O. Box 7604
Ben Franklin Station
Washington, DC 20044

12. Other _____

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

Henry J. Duchemin

Chief, Customer Service Branch II

Enclosure(s)
Your Form SS-4
Envelope