

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075905

1. Entity Name

CAROUSEL BAKERY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90013 005 ***150.00

Principal Place of Business 27 3430 US HWY 28/441 FRUITLAND PARK FL 34731	Mailing Address 27 3430 US HWY 28/441 FRUITLAND PARK FL 34731
---	---

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 59-3461628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERLACH, ANN 5323 OLD HICKORY LANE FRUITLAND PARK FL 34731	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 Anna Perlach, Anna PERLACH PRESIDENT 2-1-2000
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDIELLO, ALBERT JR 5308 OLD HICKORY LANE FRUITLAND PARK FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERLACH, WILLIAM 5308 OLD HICKORY LANE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP William Perlach <input type="checkbox"/> Change <input type="checkbox"/> Addition 5323 OLD HICKORY LANE FRUITLAND PARK, FL. 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLACH, ANN 5308 OLD HICKORY LANE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres-Registered Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anna PERLACH 5323 OLD HICKORY LANE FRUITLAND PARK, FL. 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARDIELLO, LINDA 5308 OLD HICKORY LANE FRUITLAND PARK FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Anna Perlach, Anna PERLACH 2-1-2000 352-3656900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #