

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90149 027 \*\*\*150.00

DOCUMENT # P99000085516

1. Entity Name

SMALL FRY CHOO-CHOO WEST, INC.

Principal Place of Business

Mailing Address

20241 NE 10TH COURT  
N MIAMI BEACH FL 33179

20241 NE 10TH COURT  
N MIAMI BEACH FL 33179-2514

2. Principal Place of Business

21430 NE 20 AVE

Suite, Apt. #, etc.

3. Mailing Address

21430 NE 20 AVE

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

DADE

City & State

N. MIAMI BEACH

Zip

33179

Country

DADE

4. FEI Number

65-0958651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, STEWART ESQ  
950 SO FEDERAL HWY  
HOLLYWOOD FL 33020

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, 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 ☐ Delete  
NAME D ISRAEL, ROBERT  
STREET ADDRESS 20241 NE 10 COURT  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33170

TITLE ☐ Delete  
NAME D ISRAEL, KATHLEEN  
STREET ADDRESS 20241 NE 10 COURT  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33170

TITLE ☐ Delete  
NAME D KRUMMRICH, CRAIG  
STREET ADDRESS 116 OCEANVIEW DR  
CITY-ST-ZIP CARPINTERIA CA 93013

TITLE ☐ Delete  
NAME D KRUMMRICH, SHARON  
STREET ADDRESS 116 OCEANVIEW DR  
CITY-ST-ZIP CARPINTERIA CA 93013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 21430 NE 20 AVE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 21430 NE 20 AVE  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: Kathleen Israel D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00  
Date

305-651-2608  
Daytime Phone #

CR2E034 (9/99)