

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46313

1. Entity Name

SIPS & CHIPS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90056 047 \*\*\*150.00

Principal Place of Business

4630 UNIVERSITY DRIVE  
 #303  
 CORAL SPRINGS FL 33067  
 US

Mailing Address

4630 UNIVERSITY DRIVE  
 #303  
 CORAL SPRINGS FL 33067-4626  
 US

2. Principal Place of Business

9001 NW 53 Manor  
 Suite, Apt. #, etc.

3. Mailing Address

9001 NW 53 Manor  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

Zip Country  
 33067-4611 USA

City & State

Coral Springs FL

Zip Country  
 33067-4611 USA

4. FEI Number

65-0266726

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCHMAN, LORI A.  
 4630 UNIVERSITY DRIVE  
 #303  
 CORAL SPRINGS FL 33067

Name

Lori A. Hochman

Street Address (P.O. Box Number is Not Acceptable)

9001 NW 53 Manor

City

Coral Springs

FL

Zip Code

33067-4611

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

*Lori A. Hochman Pres* Lori A. Hochman Pres 4/27/00

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 DP ☐ Delete  
 NAME HOCHMAN, LORI A.  
 STREET ADDRESS 4630 UNIVERSITY DR., STE 303  
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☒ Change ☐ Addition  
 NAME Lori A. Hochman  
 STREET ADDRESS 9001 NW 53 Manor  
 CITY-ST-ZIP Coral Springs FL 33067-4611

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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:

*Lori A. Hochman Pres* Lori A. Hochman Pres 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)