

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50972

1. Entity Name

POLYNESIAN DONUTS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 003 ***150.00

Principal Place of Business

Mailing Address

5341 W IRLO BRONSON HWY
KISSIMMEE FL 34746-4711

5341 W IRLO BRONSON HWY
KISSIMMEE FL 34746-4711

2. Principal Place of Business

3. Mailing Address

200 E. Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

Orlando FL

Zip

Country

32801

USA

4. FEI Number 06-1319589

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

RODRIGUES, JOAS
5341 W IRLO BRONSON HWY
KISSIMMEE FL 32741

Name: Florida Corporate Support, Inc.
Street Address (P.O. Box Number is Not Acceptable): 200 E. Robinson St.
Suite 500
City: Orlando FL Zip Code: 32801

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.

Florida Corporate Support, Inc.

By: *[Signature]* Assistant Secretary

4/10/00

SIGNATURE: *[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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: RODRIGUES, JOAO
STREET ADDRESS: 807 W VINE ST
CITY-ST-ZIP: KISSIMMEE FL

TITLE: P/T/D
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: V/S/D
NAME: Rodrigues, Delores
STREET ADDRESS: 807 West Vine Street
CITY-ST-ZIP: Kissimmee, FL 34741

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

TITLE: *[Blank]*
NAME: *[Blank]*
STREET ADDRESS: *[Blank]*
CITY-ST-ZIP: *[Blank]*

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date Daytime Phone #

CR2E034 (9/99)