

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78067

1. Entity Name

THE SAPODILLA CORPORATION

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90098 027 \*\*\*150.00

Principal Place of Business

C/O ANNA FREEDMAN 313 DOVER A  
101 EXECUTIVE CENTER DRIVE #2-112  
WEST PALM BEACH FL 33417

Mailing Address

C/O ANNA FREEDMAN 313 DOVER A  
101 EXECUTIVE CENTER DRIVE #2-112  
WEST PALM BEACH FL 33417

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 65-0295387

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

FREEDMAN, ANNA  
101 EXECUTIVE CENTER DR 313 DOVER A  
#2-112  
WEST PALM BEACH FL 33417

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 C. Freedman Pres

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME FREEDMAN, ANNA : PRES. & TRES.  
STREET ADDRESS DOVER A 313 DOVER A  
CITY-ST-ZIP W PALM BCH. FL 33417

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

TITLE ☐ Delete  
NAME MERLE HOFFRICHTER  
STREET ADDRESS V. PRES + SEC'Y  
CITY-ST-ZIP 313 DOVER A  
W. PALM BEACH, FL 33417

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: Anna C. Freedman Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)