

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # V22280**1. Entity Name
SWEET PAPER REALTY CORP.

| | |
|---|---|
| Principal Place of Business 215 SE 10TH AVE HIALEAH FL 33010 US | Mailing Address 215 SE 10TH AVE HIALEAH FL 33010 US |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0319550
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****SCHECK JEFFREY**
215 S.E. 10TH AVE.**HIALEAH FL 33010 US****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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHECK STEVEN | |
| STREET ADDRESS | 215 SE 10TH AVE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHECK MARTIN | |
| STREET ADDRESS | 215 S.E. 10TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHECK JEFFREY | |
| STREET ADDRESS | 215 S.E. 10TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SCHECK RAQUEL | |
| STREET ADDRESS | 215 S.E. 10TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHECK MICHAEL | |
| STREET ADDRESS | 215 S.E. 10TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey Scheck

VD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)