

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90015 029 ***150.00

0253096

DOCUMENT # V28600

1. Entity Name

IRIE PASTRIES INC.

Principal Place of Business

Mailing Address

**3696 W. OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311
 US**

**3696 W. OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311
 US**

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 **65-0324450**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUEH, JUDY

**~~3779 NW 26TH ST~~ 7141 N.W. 46th Court
~~LAUDERDALE LAKES FL 33311~~ *Lauderhill FL 33319***

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, 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 **P** ☐ Delete
 NAME **BAUGH, AUDLEY**
 STREET ADDRESS **~~3779 NW 26TH STREET~~ 7141 NW 46th Court**
 CITY-ST-ZIP **~~LAUDERDALE LAKES FL 33311~~ *Lauderhill FL 33319***

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

TITLE **D** ☐ Delete
 NAME **BAUGH JUDY**
 STREET ADDRESS **~~3779 NW 26TH ST~~ 7141 N.W. 46th Court**
 CITY-ST-ZIP **~~LAUDERDALE LAKES FL 33311~~ *LAUDERHILL, FL 33319***

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

954 777-3030

Daytime Phone #

CR2E034 (10/00)