

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0317257 AV

DOCUMENT # P00000045766

1. Entity Name

BARBARA SIEGEL DESIGNS, INC.

03-31-2002 90347 007 ***150.00

Principal Place of Business

**3725 AMALFI DR
 HOLLYWOOD FL 33021**

Mailing Address

**3725 AMALFI DR
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3802 S.W. 49th COURT

3. Mailing Address

3802 S.W. 49th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL.

City & State

Ft. Lauderdale, FL.

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. FEI Number

65-1007954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIEGEL, JODIE M
 3725 AMALFI DR
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **SIEGEL, Jodie M.**
 Street Address (P.O. Box Number is Not Acceptable)
3802 S.W. 49th COURT
 City **Ft. Lauderdale** FL Zip Code **33312**

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

Jodie M. Siegel
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE **2/28/2002**

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, 2002 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

TITLE	D	☒ Delete
NAME	SIEGEL, BARBARA L	CHANGE
STREET ADDRESS	3725 AMALFI DR	Address ->
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PVTS	☒ Delete
NAME	SIEGEL, BARBARA L	CHANGE
STREET ADDRESS	3725 AMALFI DR	Address ->
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	SIEGEL, BARBARA L.	
STREET ADDRESS	3802 S.W. 49th COURT	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312-8270	
TITLE	PVTS	☒ Change ☐ Addition
NAME	SIEGEL, BARBARA L.	
STREET ADDRESS	3802 S.W. 49th COURT	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312-8270	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Barbara L. Siegel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA L. SIEGEL **2/28/2002** **954-234-7120**
 Date Daytime Phone #

CR2E034 (9/01)