

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90040 035 ****61.25

DOCUMENT # P30862

1. Entity Name

SHOPLIFTERS ANONYMOUS, INC.

Principal Place of Business

Mailing Address

**380 NORTH BROADWAY
 STE. 206
 JERICHO NY 11753**

**380 NORTH BROADWAY
 STE. 206
 JERICHO NY 11753-2109**

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

22-3010584

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

7. Name and Address of New Registered Agent

**LEVY, MILDRED
 10816 WEST CLAIRMONT CIRCLE
 TAMARAC FL 33321**

Name **Bromberg, Eleanor**
 Street Address (P.O. Box Number is Not Acceptable)
10160 NW 24th Place, Bldg. 202-Apt. 204
Sunrise
 City **FL** Zip Code **33322**

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 *Eleanor Bromberg*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) DATE **4-24-00**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, ROBERT C.	
STREET ADDRESS	1931 SABAL PALM DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVY, RICHARD E.	
STREET ADDRESS	39 HARTMAN HILL RD	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES, JR.	
STREET ADDRESS	731 FRANKLIN ST	
CITY-ST-ZIP	WESTBURY NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLIN, PETER D	
STREET ADDRESS	380 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUST, PETER	
STREET ADDRESS	P O BOX 204 N/A	
CITY-ST-ZIP	ROSLYN NY 11576	
TITLE		<input type="checkbox"/> Delete
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter D. Berlin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/00** Daytime Phone # **(516) 932-0165**

CR2E037 (9/99)