

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90025 034 ***150.00

DOCUMENT # P96000067842

1. Entity Name
THE COMPANY SHE KEEPS INC.

Principal Place of Business 7000 WEST PALMETTO PRK ROAD SUITE 400 BOCA RATON FL 33433	Mailing Address 7000 WEST PALMETTO PRK ROAD SUITE 400 BOCA RATON FL 33433-3425
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business H-120- 6877 S.W. 18th ST. 17-126	3. Mailing Address Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State	4. FEI Number 65-0710425	Applied For <input type="checkbox"/> Not Applicable
Zip 33433	Country U.S.A.	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**GARELLEK, STEVEN
 7000 WEST PALMETTO PRK ROAD
 SUITE 400
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent
 Name
STEVEN GARELLEK
 Street Address (P.O. Box Number is Not Acceptable)
7000 W. PALMETTO PARK RD SUITE 200
 City
BOCA RATON FL Zip Code
33433-3425

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SOBEL, ROBYNE 6877 S.W. 18TH ST, STE. H120-H126 BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBIN SOBEL** DATE: **April 5/00** DAYTIME PHONE #: **561-447-4117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)