

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90091 030 \*\*\*150.00

**DOCUMENT # P98000033525**

1. Entity Name

**AGELESS TOPS & INTERIORS, INC.**

Principal Place of Business

Mailing Address

1751 S DIXIE HWY. BLDG C. BAY 35  
 POMPANO BEACH FL 33060  
 US

1751 S DIXIE HWY. BLDG C. BAY 35  
 POMPANO BEACH FL 33060-8931  
 US

2. Principal Place of Business

3. Mailing Address

**AGELESS TOPS & INTERIORS**

*Same.*

Suite, Apt. # *149B4 S.E. 2nd St.*  
**Deerfield Bch., FL 33441**

Suite, Apt. #, etc.

City & State **(954) 428-4682**

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0829695**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHAN, BRENT**  
 1751 S DIXIE HWY, BLDG C, BAY 35  
 POMPANO BEACH FL 33309

7. Name and Address of New Registered Agent

Name *new address*  
**AGELESS TOPS & INTERIORS**  
 Street Address **149B4 S.E. 2nd St.**  
**Deerfield Bch., FL 33441**  
 City **(954) 428-4682** 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 *Brent Cohan*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Brent Cohan* *April 20-00*  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COHAN, BRENT 1751 S DIXIE HWY, BLDG C, BAY 35 POMPANO BEACH FL 33309 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Brent Cohan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20-00*

Date

Daytime Phone #

*954 428-4682*

CRZE034 (9/99)