

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 421514

1. Entity Name

MISS SAM, INC.

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**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90053 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1440 S OCEAN BLVD  
PH D  
POMPANO BEACH FL 33062

1440 S OCEAN BLVD  
PH D  
POMPANO BEACH FL 33062-7372

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

59-1877458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARDY, MARGURITE  
1440 S OCEAN BLVD  
PH D  
POMPANO BEACH FL 33062

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.

**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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
CLARDY, MARGURITE  
1440 S. OCEAN BLVD PH D  
POMPANO BEACH FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RATLIFF, UNDA  
H.C. 84 BOX 1362  
WHITESBURG KY

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CLARDY, ALESIA R  
1440 S OCEAN BLVD PHD  
POMPANO BEACH FL

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 ☐ 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

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 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

Date

Daytime Phone #

April 1, 2000 954-783-88

*Margurite Clardy*

Attachment  
D# 421514  
D078387

1440 South Ocean Boulevard  
Penthouse "D"  
Pompano Beach, Florida 33062  
Telephone (305) 783-8849  
Fax (305) 783-4633

Florida Department of State  
Division of Corporations

Gentlemen

I filed this form in the first of April 2000 and sent a check for \$150.00, I have been out of town due to sickness and was not aware that my check hasn't cleared. I have never been late filing any form of taxes. Enclosed is a copy of my form.

I talked to your office today and was advised to send a new check for \$150.00, which is enclosed.

Sincerely

*Margurite Clardy*  
Margurite Clardy