

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 09, 2001 8:00 am
Secretary of State

02-03-2001 90045 021 ***150.00

DOCUMENT # 427646

1. Entity Name,

ELLIS FEINSTEIN INCORPORATED



Principal Place of Business

102 KENSINGTON RD.
HOLLYWOOD FL 33021

MOVED

Mailing Address

102 KENSINGTON RD.
HOLLYWOOD FL 33021

MOVED

2. Principal Place of Business

3650 N. 36 AVE

Suite, Apt. #, etc.

VILLA 47

City & State

Hollywood FLA

Zip

33021

Country

USA

3. Mailing Address

3650 N. 36 AVE

Suite, Apt. #, etc.

VILLA 47

City & State

Hollywood FLA

Zip

33021

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1467598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, ELLIS

**102 KENSINGTON RD.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Maxine Feinstein (MAXINE FEINSTEIN)

Street Address (P.O. Box Number is Not Acceptable)

3650 N 36th Ave #47 (VILLA)

City

Hollywood

FL

Zip Code

33021

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

MAXINE FEINSTEIN Maxine Feinstein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-01

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, 2001 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 **PD** ☐ Delete
NAME **FEINSTEIN, MAXINE**
STREET ADDRESS **102 KENSINGTON RD** *3650 N. 36 AVE, VILLA 47*
CITY-ST-ZIP **HOLLYWOOD FL** *33021*

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Maxine Feinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01

Daytime Phone #

954-981-8340

CR2E034 (10/00)