2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # 6224/6			FILED Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90060 042 ***150.00	
Skirley Gadol Con				
्रांड्स Place of Business	Mailing Address	SNE 38 St		
325NE381	74 12	derdale 71		
:325 NE 3821 : Lawlerdale, 71.3	33308	33308	040000	
Principal Place of Business	ness 3. Mailing Address		8 1 2 0 0 9	
Suite, Apt. #, etc.	Suite, Apt, #, etc.	· · · · • • • • • • • • • • • • • • • •	DO NOT WRITE IN THIS S	PACE
City & State	City & State		4. FEI Number 59-1925162	Applied For Not Applicable
Zip Country	Zip	Country	5 Certificate of Status Desired	8.75 Additional ee Required
6. Name and Address of Curre	ant Registered Agent		7. Name and Address of New Registered A	gent
Gadol, Shir 3325 NE 38 28 7F Lauderda IC	ley	Name		
2325 NE 38 2	ļ_ l	Street Address	s (P.O. Box.Number.is.Not Acceptable)	
2 Flynderdale	. 71. a			
A Labor	33308	City	FL	Zip Code
This corporation is eligible to satisfy its Intangi Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2	VIII FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of S 12.		\$5.00 May Be Added to Fees DIRECTORS IN 11
PD	🗀 Delete	TITLE		Change Addition
Gadol Shirle	.4	NAME STREET ADDRESS		
ST-ZIP + TLauderdale	1.71.33308	CITY-ST-ZIP		Change Addition
	Delete	TITLE		Change Addition
- ADDBEŞŞ		NAME STREET ADDRESS		
ST ZIP		CITY-ST-ZIP		
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SI-2IP SI-2IP SI ZIP SI ZIP SI ZIP SI ZIP SI ZIP SI ZIP L hereby certify that the information supplied b	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes.   further cert	Change Addition Change Addition Change Addition Change Addition fy that the information
ST-ZIP ST-ZIP ST ZIP ST ZIP ST ZIP ST ZIP Thereby certify that the information supplied v indicated on this report or supplemental repo	Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP for the exemption stated in t my signature shall have th mt as required by Chapter 6 d.	· · · · · · · · · · · · · · · · · · ·	Change Addition Change Addition Change Addition Change Addition fy that the information m an officer or director