

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006748**1. Entity Name
THEOPAUL, INC.**FILED**
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90052 002 ***150.00

Principal Place of Business

**23434 RAKELLE CIRCLE
BOCA RATON FL 33433**

Mailing Address

**23434 RAKELLE CIRCLE
BOCA RATON FL 33433**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **22-2214100**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, PAUL H
23434 RAKELLE CIRCLE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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.
(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	CST	<input type="checkbox"/> Delete
NAME	HIRSCH, PAUL H	
STREET ADDRESS	23434 RAKELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	CP	<input type="checkbox"/> Delete
NAME	HIRSCH, ELLEN M	
STREET ADDRESS	23434 RAKELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	HIRSCH, TRUDE	
STREET ADDRESS	CLARIDGE HOUSE I #716	
CITY-ST-ZIP	VERONA NJ 07044	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if 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

PAUL H. HIRSCH

Date

4/5/01

Daytime Phone #

561-361-8338

CR2E034 (10/00)