

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90523 012 ***150.00

0510382

DOCUMENT # F99000003041

1. Entity Name

RENEE'S TASSELS & TIES, INC.

Principal Place of Business

Mailing Address

**121 COMMERCE ROAD
 BOYNTON BEACH FL 33426**

**P.O. BOX 3318
 BOYNTON BEACH FL 33424-3318**

730757

2. Principal Place of Business

3. Mailing Address

P O BOX 243318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

4. FEI Number **56-1845264**

Applied For

Not Applicable

Zip

Country

Zip

Country

33424

ISA

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

**HARRISON, DANIEL P
 121 COMMERCE ROAD
 BOYNTON BEACH FL 33426**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
 NAME **HARRISON, RENEE**
 STREET ADDRESS **6911 FAIRWAY LAKES DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VP** ☐ Change ☒ Addition
 NAME **COOPERMAN, DENISE**
 STREET ADDRESS **1410 CHANTICLEER**
 CITY-ST-ZIP **CHERRY HILL, NJ 08003**

TITLE **DVS** ☐ Delete
 NAME **HARRISON, DANIEL P**
 STREET ADDRESS **6911 FAIRWAY LAKES DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **VP** ☒ Delete
 NAME **FEINBERG, MEICHELLE**
 STREET ADDRESS **1437 LAMPLIGHTER LANE**
 CITY-ST-ZIP **GWYNEDD PA 19436**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel P. Harrison V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-01 561-540-4412

CR2E034 (10/00)