

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90346 030 \*\*\*150.00

**DOCUMENT # G78561**

**1. Entity Name**  
**SHOWROOM PROPERTIES, INC.**

**Principal Place of Business**  
**3200 S. CONGRESS AVENUE**  
**BOYNTON BEACH FL 33426-9025**

**Mailing Address**  
**3200 S. CONGRESS AVENUE**  
**BOYNTON BEACH FL 33426-9025**

**2. Principal Place of Business**  
**509 NE 20 St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**509 20 St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**Boca Raton FL**  
**Zip** 33431 **Country** PB

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**Boca Raton, FL**  
**Zip** 33431 **Country** PB

**4. FEI Number** 59-2425045

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STRAUSS, MADELYN**  
**3200 S. CONGRESS AVE.**  
**BOYNTON BEACH FL 33426**

**7. Name and Address of New Registered Agent**

**Name** **strauss, madelyn**  
**Street Address (P.O. Box Number is Not Acceptable)** **887 Buttonwood Drive**  
**City** **Boca Raton** **FL** **Zip Code** **33432**

**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** *Linda Wassner P* **Linda Wassner** **4/9/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>STRAUS, MADELYN</b> <b>3200 S. CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>WASSNER, LINDA</b> <b>3200 S. CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>FINE, MAURICE</b> <b>3200 S. CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>STRAUSS, THEODORE</b> <b>3200 S. CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>Strauss, madelyn</b> <b>887 Buttonwood Drive</b> <b>Boca Raton, FL 33432</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>5307 Piping Rock Drive</b> <b>Boynton Beach, FL 33437</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>5307 Piping Rock Drive</b> <b>Boynton Beach, FL 33437</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/> <b>887 Buttonwood Drive</b> <b>Boca Raton, FL 33432</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>

**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:** *Linda Wassner* **Linda Wassner** **4/9/02** **561-736-7800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)