

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65673

1. Entity Name

GIRL'S WILL BE GIRL'S, INC.

Principal Place of Business

Mailing Address

9907 N.W. 79TH AVE.

9907 N.W. 79TH AVE.

HIALEAH GARDENS FL 33016-2405

HIALEAH GARDENS FL 33016-2405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2560524

Applied For

Not Applicable

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

ZWICK, EDWARD F.
CROCKER PLAZATER ROAD
SUITE 801
BOCA RATON FL 33432

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	PD	<input type="checkbox"/> Delete
NAME	NAHAMA, MARK	
STREET ADDRESS	9907 NW 79TH AVENUE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEGRIN, NATHAN	
STREET ADDRESS	9907 NW 79TH AVENUE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEGRIN, JOSEPH MARK	
STREET ADDRESS	9907 NW 79TH AVENUE	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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

3/19/01

Date

305-822-6262

Daytime Phone #

0488395

CR2E034 (10/00)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90064 010 ***150.00

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DO NOT WRITE IN THIS SPACE