

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99421

1. Entity Name

SHELLEY K. GREENWALD DESIGNS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90012 026 ***150.00

Principal Place of Business

Mailing Address

9070 KIMBERLY BLVD
#49
BOCA RATON FL 33434
US

4308 TRANQUILITY DR
HIGHLAND BCH FL 33487-4218
US

2. Principal Place of Business

3. Mailing Address

1400 S. Ocean Blvd
Suite, Apt. #, etc.
902 N

Suite, Apt. #, etc.

City & State

City & State

Boca Raton Fla

Zip

Country

Zip

Country

33432

Palm Beach

4. FEI Number

65-0017024

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

MILLER, LAWRENCE J.
2200 CORPORATE BLVD., STE 401
BOCA RATON FL 33431

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GREENWALD, SHELLEY K.	
STREET ADDRESS	4308 TRANQUILITY DR	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Shelley K. Greenwald Shelley K. Greenwald 4/1/00 (561) 276-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)