

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02197

1. Entity Name

CECI'S TEES, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90849 028 \*\*\*150.00

Principal Place of Business

1425 SE 17TH STREET  
FT. LAUDERDALE FL 33316

Mailing Address

1425 SE 17TH STREET  
FT. LAUDERDALE FL 33316-1709

2. Principal Place of Business

DBA-T-SHIRT COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232273

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLASKY, RONALD ALVIN  
444 SE 14TH ST  
DANIA BEACH FL 33004

Name

CLASKY, RONALD ALVIN

Street Address (P.O. Box Number is Not Acceptable)

2101 SOUTH OCEAN DRIVE

APT. 602

City

HOLLYWOOD

FL

Zip Code

33019

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 NAME STREET ADDRESS CITY-ST-ZIP	VDTS CLASKY, RONALD A 336 NO BIRCH RD APT 3I FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLASKY, RONALD A. 336 NORTHBIRCH RD APT. 3I FORT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLASKY, CECI 444 SE 14TH ST DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLASKY, CECI 2101 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLASKY, DAVID 444 SE 14TH ST DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLASKY, DAVID 1405 MIAMI ROAD FORTLAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLASKY, RONALD A 444 SE 14TH ST DANIA BEACH FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLASKY, RONALD A 2101 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/22/00

Date

954 266-9970

Daytime Phone #

CR2E034 (9/99)