

# 2000 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # M16886

1. Entity Name

YOUR MOTHER'S PLACE, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90023 029 \*\*\*150.00

Principal Place of Business <b>4217 MONROE ST HOLLYWOOD FL 33021</b>		Mailing Address <b>4217 MONROE ST HOLLYWOOD FL 33021-7344</b>		<b>CU020672</b>    DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>5301 Garfield St.</b>		3. Mailing Address <b>5301 Garfield St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hollywood, Florida</b>		City & State <b>Hollywood, Florida</b>			
Zip <b>33021</b>	Country <b>Broward</b>	Zip <b>33021</b>	Country <b>Broward</b>	4. FEI Number <b>59-2544816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALASSO, LAURETTA 4217 MONROE ST HOLLYWOOD FL 33021</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5301 Garfield Street</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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 _____ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALASSO, LAURETTA 4217 MONROE ST HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5301 Garfield Street Hollywood, FL. 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GALASSO, THOMAS P. 4217 MONROE ST HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5301 Garfield Street Hollywood, Florida 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYO, ELIZABETH 5206 GARFIELD ST. HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lauretta Galasso* **LAURETTA GALASSO** 3/7/00 984-963-1739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #