

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90042 027 ***150.00

DOCUMENT # M32587

1. Entity Name
STACI ROSS OF MIAMI, INC.

Principal Place of Business

Mailing Address

**2805 N. STATE RD. #7
 HOLLYWOOD FL 33021**

**2805 N. STATE RD. #7
 HOLLYWOOD FL 33021**

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 **59-2693047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEWIN, STANLEY~~
**2805 N. STATE RD. #7
 HOLLYWOOD FL 33021**

Name
Sondra Federici
 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 *Sondra Federici*

2/14/01

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 **VP** ☐ Delete
 NAME **FEDERICI, SONDRA**
 STREET ADDRESS **2805 N STATE ROAD 7**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **NAOMI LEWIN**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **James Federici**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Rhonda Hernandez**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Curt Lewin**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Harley Lewin**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Debrah Lewin**
 STREET ADDRESS **2805 NO. STATE ROAD #7**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

Sondra Federici **Sondra Federici**

2/14/01

954-983-0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)