

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90001 024 \*\*\*150.00

DOCUMENT # M37027

1. Corporation Name

BAG-A-TELLE OF LAUDERDALE INC.

Principal Place of Business

18787 BISCAYNE BOULEVARD  
AVENTURA FL 33180  
US

Mailing Address

18787 BISCAYNE BLVD  
AVENTURE FL 33180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1986

4. FEI Number

59-2727781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 20335 BISCAYNE BLVD L-27

Suite, Apt. #, etc.

22 AVENTURA, FL

City & State

23 33180 U.S.A.

Zip

Country

24

25

2a. Mailing Address

26 20335 BISCAYNE BLVD L-27

Suite, Apt. #, etc.

27 AVENTURA, FL

City & State

28 33180 U.S.A.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GURTMAN, AMALIA  
409 LESLIE DR  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD GURTMAN, DAVID

NAME 409 LESLIE DR

STREET ADDRESS HALLANDALE FL

CITY-ST-ZIP

TITLE

SD GURTMAN, AMALIA

NAME 409 LESLIE DR

STREET ADDRESS HALLANDALE FL 33009

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

305 682-1516

Date

Daytime Phone #

0260486

CR2F034 (11/98)