

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001451

1. Entity Name

MY NEW EARS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90192 024 ****61.25

701977



DO NOT WRITE IN THIS SPACE

Principal Place of Business
501 EAST DANIA BEACH BLVD.
APT. 5A, BUILDING 5
DANIA FL 33004

Mailing Address
501 EAST DANIA BEACH BLVD.
APT. 5A, BUILDING 5
DANIA FL 33004-3047

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0596583

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

SMITH, MARILYN T
501 EAST DANIA BEACH BLVD.
APT. 5A, BUILDING 5
DANIA FL 33004

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME SMITH, MARILYN T
STREET ADDRESS 501 E. DANIA BEACH BLVD., APT 5A, BLDG. 5
CITY-ST-ZIP DANIA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME WOODEN, JAN
STREET ADDRESS 6940 TYLER ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME SALA, JOHN
STREET ADDRESS 3771 NW 115RH TERR
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME KURTZ, NATALIE S
STREET ADDRESS 5380 S.W. 11TH ST
CITY-ST-ZIP MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn T. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00

Date

Daytime Phone #

954-923-8994
(TTY on 4)

CR2E037 (9/99)