

2001 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-08-2001 90068 030 ****61.25

DOCUMENT # N95000001451

1. Entity Name

MY NEW EARS, INC.

Principal Place of Business

Mailing Address

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

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

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

65-0596583

Applied For

Not Applicable

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 **DERRY, AMY**

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

6600 DOUGLAS ST

City **HOLLYWOOD**

FL

Zip Code **33024**

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 *Marilyn T. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-2001

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

TITLE **DP** ☒ Change ☐ Addition
 NAME **Amy Derry**
 STREET ADDRESS **6600 Douglas St**
 CITY-ST-ZIP **Hollywood, FL 33024**

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

TITLE **DS** ☒ Change ☐ Addition
 NAME **Nikki Booth**
 STREET ADDRESS **Niki Booth**
 CITY-ST-ZIP **2939 NW 46 Ave Apt D, 102**
Lauderhill, FL 33313

TITLE **DT** ☒ Delete
 NAME **SALA, JOHN**
 STREET ADDRESS **3771 NW 115TH TERR**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Barbara Lee**
 STREET ADDRESS **10130 Sheridan St**
 CITY-ST-ZIP **Pembroke Pines, FL**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

3-3-2001

923-8994

CR2E037 (10/00)