

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002207

1. Entity Name
NEAT STUFF, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90092 011 ****61.25

Principal Place of Business Mailing Address
3300 NW 27 AVE. **15190 SW 80TH AVENUE**
JUVENILE JUSTICE CENTER #T-100 **MIAMI FL 33158-2035**
MIAMI FL 33142 **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2624 NW 21 Ter **2624 NW 21 Ter**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL 33142-7113 **Miami, FL 33142-7113**
Zip Country Zip Country
33142-7113 **USA** **33142-7113** **USA**

4. FEI Number Applied For
65-0746714 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LERNER, CINDY
5901 MOSS RANCH RD
MIAMI FL 33156

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KRUG, PHYLLIS 15190 SW 80TH AVENUE MIAMI FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CZERWINSKI, LINDSAY 12460 SW 69TH COURT MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BOURGOIGNIE, CHANTAL 5875 SW 97TH STREET MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frank, Herb 1047 Mariner Drive Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

(305)638-6861x240

SIGNATURE: **Lindsay Czerwinski** **Lindsay Czerwinski, Treasurer** **02/08/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)