FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # POOOOO THE SHOPPE, INC.	70335				, 2001 8 tary of 1 o1 90004 001 **	Stat	te
Principal Place of Business 2135 SOUTH CONGRESS AVENUE SUITE 3-C WEST PALM BEACH FL 33406		Mailing Address 2135 SOUTH CONGRESS AVENUE SUITE 3-C WEST PALM BEACH FL 33406			8.1.9.0.0.0. 			
2. Principal F	Corporate Dr.	3. Mailing Address 2003 Corpor	ate Dr.					
Suite, Apt.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SPA	ACE	
Gity & State Boynton Beach, FL		Boynton Bu	ach, FL	4.	FEI Number (05-1037)	715		oplied For
Zip 3341	26 Country USA	33426	Country USA	5.	. Certificate of Status Desi		3.75 Add e Require	
	6. Name and Address of Current R	legistered Agent		7.	Name and Address of N	ew Registered Age	ent	
2135 SUIT	ILJAN, STEVEN T S SOUTH CONGRESS AVENUE E 3-C T PALM BEACH FL 33406	.	Street A	Address (P.O.	P.O. Box Number is Not Acceptable) FL Zip Code			
SIGNATURE :	Signature, typed or printed name of plistered agent an praction is eligible to satisfy its Intangible	Dug (a. K. NOT)	E: Registery Agent signal	ture required when		DATE	\$5.0	0 May Be
_	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payat	01 Fee will be \$5 ble to Departmen		Trust Fund Contri			to Fees
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO	OFFICERS AND D	RECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMILJAN, STEVEN T 2135 SOUTH CONGRESS AVENUI WEST PALM BEACH FL 33406	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2003 C	dent, T, S las K. Wright or porate Drive in Beach, fc	-	Change	Addition {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEOT FALM GENETITE GOVE	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME ** STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	,	☐ Delete _l	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower.	rue and accurate and that n	the exemption state	ave the same	e legal effect as if made un	ider path, that I am:	an officer	or director 1

Duylas L. WRight 3/21/01 5617386022