

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90003 001 ***550.00

DOCUMENT # P00000082079

1. Entity Name
JUDY'S ARMOIRE, INC.



Principal Place of Business

**9484 HARDING AVE.
SURFSIDE FL 33154**

Mailing Address

**9484 HARDING AVE.
SURFSIDE FL 33154**

10111601



2. Principal Place of Business

9484 Harding ave.
Suite, Apt. #, etc.

3. Mailing Address

9484 Harding ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Surfside, FL.

City & State

Surfside, FL.

4. FEI Number

65-1035856

Applied For

☐ Not Applicable

Zip

33154

Country

USA.

Zip

33154

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTH, JUDY
20205 WEST OAK HAVEN CIRCLE
NORTH MIAMI BEACH FL 33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judith Roth*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/2003

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROTH, JUDITH**
STREET ADDRESS **20205 WEST OAK HAVEN CIRCLE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VP** ☐ Delete
NAME **REIZES, GERALD**
STREET ADDRESS **2861 NORTHEAST 183RD STREET #1108**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2003
Date

305-868-3870
Daytime Phone #

CR2E034 (4/03)