

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90133 046 ***150.00

DOCUMENT # P00000086275

1. Entity Name **NAME CHANGE**
~~JULIA'S GALLERY OF GIFTS, INC.~~
CLAIRE'S THE VERY BEST!, INC.

NP 4-17-01

Principal Place of Business 1920 E HALLANDALE BEACH BLVD. #600-A
 HALLANDALE FL 33009

Mailing Address 1920 E HALLANDALE BEACH BLVD. #600-A
 HALLANDALE FL 33009

"SEE ATTACHED ARTICLES OF AMENDMENT"

2. Principal Place of Business **1630 E. HALLANDALE Bch Blvd**
 Suite, Apt. #, etc.

3. Mailing Address **1630 E. HALLANDALE Bch Blvd.**
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **HALLANDALE, FL**

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4. FEI Number **65-1040195**

Applied For ☐ Not Applicable

Zip **33009-4610** Country **FLORIDA**

Zip **33009-4610** Country

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

6. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name **CLAIRE POLK**
 Street Address (P.O. Box Number is Not Acceptable) **600 THREE ISLANDS BLVD.**
APT 306
 City **HALLANDALE** FL Zip Code **33009**

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 *Claire Polk* **CLAIRE POLK, PRES.** DATE *April 24, 2001*

Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input checked="" type="checkbox"/> Delete		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTERS, JULIA			NAME	CLAIRE POLK		
STREET ADDRESS	2407 NE 9TH ST			STREET ADDRESS	600 THREE ISLANDS BLVD		
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP	APT 306		
					HALLANDALE, FL 33009		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claire Polk* **CLAIRE POLK, PRES.** DATE *April 24, 2001* 954 454-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0088671

CR2E034 (10/00)