

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088041

1. Entity Name

THE FLOOR STORE OF THE PALM BEACHES

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90098 043 \*\*\*150.00

Principal Place of Business

5589 BARNSTEAD CIR  
LAKE WORTH FL 33463

Mailing Address

5589 BARNSTEAD CIR  
LAKE WORTH FL 33463

2. Principal Place of Business

2184 Jog Rd.  
Suite, Apt. #, etc.

3. Mailing Address

2184 Jog Rd.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Green Acres, Florida

City & State

Green Acres, FL

4. FEI Number

65-1046508

Applied For

Not Applicable

Zip

33415

Country

U.S.A.

Zip

33415

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANIS, RANDALL  
5589 BARNSTEAD CIR  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

21772 Little Bear Way

City

Boca Raton

FL

Zip Code

33428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

TITLE DP  
NAME JANIS, RANDALL  
STREET ADDRESS 5589 BARNSTEAD CIR  
CITY-ST-ZIP LAKE WORTH FL 33463

☐ Delete

TITLE V  
NAME GLAZER, SANDRA  
STREET ADDRESS 5589 BARNSTEAD CIR  
CITY-ST-ZIP LAKE WORTH FL 33463

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 5614323544

CR2E034 (10/00)