

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90272 023 \*\*\*150.00

**DOCUMENT # P00000093766**

1. Entity Name

**BONDAGE BY DESIGN, INC.**

Principal Place of Business

8871 NW 3RD PLACE  
 CORAL SPRINGS FL 33068

Mailing Address

8871 NW 3RD PLACE  
 CORAL SPRINGS FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1090339**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACHIN, ROBERT**  
**8871 NW 3RD PLACE**  
**CORAL SPRINGS FL 33068**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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 **VD** ☐ Delete

NAME **FINKEL, JACOB**  
 STREET ADDRESS **9130 NW 44TH CT.**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☐ Delete

NAME **MACHIN, ROBERT**  
 STREET ADDRESS **8871 NW 3RD PLACE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33068**

TITLE **SD** ☒ Delete

NAME **ANDREWS, CLAYTON**  
 STREET ADDRESS **8925 NW 91ST AVE., APT. 4-204**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33068**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert MACHIN**

**4/26/01**

**958**

**2270015**

Date

Daytime Phone

CR2E034 (10/00)