

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

04 AUG -3 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p01000121303	
1. Entity Name	
PROJECTOR CENTER CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3389 SHERIDAN ST. # 314 Suite, Apt. #, etc.	3. Mailing Address 3389 SHERIDAN ST # 314 Suite, Apt. #, etc.
--	---

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Country

4. FEI Number 01-0549597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA PA	
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST	
City MIAMI	Zip Code FL

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARGALIT SABBAG 3389 SHERIDAN ST # 314 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITA SHEMONY 3389 SHERIDAN ST # 314 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000039863870 08/04/04-01020-004-**-300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rita Shemony - Rita Shemony 7/19/04 954-981-7183

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

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # p01000121303 1. Entity Name PROJECTOR CENTER CORPORATION	
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3389 SHERIDAN ST. # 314 Suite, Apt. #, etc.	3. Mailing Address 3389 SHERIDAN ST # 314 Suite, Apt. #, etc.
City & State HOLLYWOOD, FL Zip 33021	City & State HOLLYWOOD, FL Zip 33021

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0549597	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
------------------------------------	---	--

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA PA	
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST	
City MIAMI	Zip Code FL

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARGALIT SABBAG 3389 SHERIDAN ST # 314 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITA SHEMONY 3389 SHERIDAN ST # 314 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita Shemony* - Rita Shemony 7/19/04 954-981-7183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LESLIE E. DOLIN PA, CPA

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

Phone 954-965-4666
Fax 954-965-4665

July 19, 2004

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Projector Center Corporation #P0100021303


Dear Sir or Madam:

Please find enclosed the 2003 & 2004 Annual Report for the above corporation along with a check for \$300 payable to you for the annual filing fees.

On behalf of the above corporation I hereby request that you waive the reinstatement and late filing penalties due to the fact that the notification mailings for the 2003 & 2004 were never received by the corporation due to their moving their offices. You will note on the Annual Reports filed that the mailing address of the company changed. The company experienced major problems with the US Postal Service in getting mail forwarded to the new address.

The owners and myself appreciate your kindness and consideration in this matter.

Very truly yours,


LESLIE E. DOLIN, CPA