

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 24, 2003 8:00 am  
Secretary of State

03-24-2003 91015 007 \*\*\*150.00

DOCUMENT # *P02000107785*

1. Entity Name

SIGNS ARE US INC

DO NOT WRITE IN THIS SPACE

10046642

2. Principal Place of Business

Suite, Apt. #, etc.

8600 NW 34TH PLACE

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

8600 NW 34TH PLACE

City & State

SUNRISE FL

Zip

33351

Country

USA

4. FEI Number

56-2297535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name

PHYLLIS CENTANNI

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

8600 NW 34TH PLACE

City

SUNRISE

FL

Zip Code

33351

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

PHYLLIS CENTANNI

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D,P,T,S		
	PHYLLIS CENTANNI	8600 NW 34TH PLACE	SUNRISE FL 33351
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
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: *Phyllis Centanni* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-739-0991

Daytime Phone #