

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 031 ***150.00

B0128190



DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000001671

1. Entity Name
CONSIGNMENT, INC.

Principal Place of Business

5605 S. UNIVERSITY DR
 DAVIE FL 33328
 US

Mailing Address

5605 S. UNIVERSITY DR
 DAVIE FL 33328
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0367527**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACH, KARLA
5605 S UNIVERSITY DRIVE
DAVIE FL 33328

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

P
AUERBACH, KARLA
5605 S. UNIVERSITY DRIVE
DAVIE FL 33328

TITLE
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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: *Karla Auerbach* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3, 2002 (954) 680-5566

Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P920001671
B0188190

Consignment, Inc
dba Memories Consignment Boutique
5605 S. University Drive
Davie, FL 33328
July 3, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom This May Concern:

I have been a Corporation for over 10 years & never have forgotten to file this report. When I checked my mailbox today, & found this, seeing the fee as \$550.00, I thought you had raised your fee & thought to cancel my corporation; however, my accountant informed me this is a late fee. I did not even receive a previous notice!! I, therefore, am, as suggested, writing this letter to advise you of this, & enclosing the \$150.00 fee as required. (I also had been out of my workplace off & on due to recent dealings with cancer, & am wondering if the person that was retrieving my mail misplaced the form, or put it somewhere & forget to bring it to me. Very sorry.)

Sincerely,

Karla Ouerbach
President
Consignment, Inc.