

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002709

1. Entity Name

COSTUME WORLD - PITTSBURGH, INC.

FILED

Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90016 007 \*\*\*550.00

Principal Place of Business

2200 N.W. 32ND ST.  
SUITE 1300  
POMPANO BEACH FL 33069  
US

Mailing Address

2200 N.W. 32ND ST.  
SUITE 1300  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

950 S. FEDERAL  
Suite, Apt. #, etc.

3. Mailing Address

950 S. FEDERAL  
Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

Zip

33441

Country

4. FEI Number

25-1699288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WICK, MARILYN A  
2200 N.W. 32ND STREET  
SUITE 1300  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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 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, 2000 Min. 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

TITLE PDS ☐ Delete  
NAME WICK, MARILYNN A  
STREET ADDRESS 2200 N.W. 32ND STREET  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VP ☐ Delete  
NAME WICK, KIMBERLY  
STREET ADDRESS 2200 N.W. 32ND ST., SUITE 1300  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☐ Delete  
NAME WICK, KELLY  
STREET ADDRESS 2200 N.W. 32ND ST., SUITE 1300  
CITY-ST-ZIP POMPANO BEACH FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Michael J. DiGirolamo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/00

Daytime Phone #

954-418-0308

CR2E034 (5/00)