

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036842

1. Entity Name

CRUISIN WITH CYNTHIA AND HOWARD, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90085 030 ***150.00

Principal Place of Business

Mailing Address

12295 ROCKLEDGE CIRCLE
BOCA RATON FL 33428
US

12295 ROCKLEDGE CIRCLE
BOCA RATON FL 33474-1056
US

2. Principal Place of Business

3. Mailing Address

TED Center

P.O. Box 741056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 B S.E. 1st Ave.

Boynton Beach

City & State

City & State

Delray Beach

Zip
FL

Country

33444

Zip

FL

Country

33474

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, CYNTHIA M
12295 ROCKLEDGE CIRCLE
BOCA RATON FL 33428

Name

SIEGEL, CYNTHIA M.

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

90 TED Center

10 B. S.E. 1st Ave.

City

Delray Beach

FL

Zip Code

33444

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 CYNTHIA M. Siegel
Cynthia M. Siegel

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 2000
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SIEGEL, CYNTHIA M
CITY-ST-ZIP 5395 10TH FAIRWAY DRIVE STE. 1
DELRAY BEACH FL 33484

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SIEGEL, CYNTHIA M
CITY-ST-ZIP P.O. Box 741056
Boynton Beach, FL 33474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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: CYNTHIA M. Siegel
CYNTHIA M. Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000 561-732-1395
Date Daytime Phone #