## 2000 UNIFORM BUSINESS REPORT (UBR)

\$ 1947 1.134.1

## **FILED** DOCUMENT # **P93000057753** Mar 07, 2000 8:00 am **Secretary of State** LAMPS AND SHADES BY DANOR, INC. 03-07-2000 90087 007 \*\*\*150.00 Principal Place of Business Mailing Address 5501 N. FEDERAL HWY 5501 N. FEDERAL HWY **BOCA RATON FL 33487-4023** BOCA RATON FL 33487 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1939296 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUART S. ROSENTHAL, ESO Street Address (P.O. Box Number is Not Acceptable) MOCHAN, HENRY 5501 N. FEDERAL HWY. <u>404 East Atlantic Boulevard</u> **BOCA RATON FL 33487** Suite 101 City Pompano Beach Zip Code 33060 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 /23/00STUART S. ROSENTHAL, ESQ. SIGNATURE f registered agent and title if applicable Signature, typed or printe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PTD **PSD** Change 🔯 Delete TITLE TITLE NAME MOCHAN, HENRY YOULOVSKY, TED NAME STREET ADDRESS 5501 N. FEDERAL HWY. STREET ADDRESS 5501 N. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** BOCA RATON, FL 33487 X Addition Change VPSD Delete TITLE **VPTD** MOCHAN, SOPHIA NAME YOULOVSKY, GLADYS STREET ADDRESS STREET ADDRESS 5501 N. FEDERAL HWY. 5501 N. FEDERAL HIGHWAY CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP BOCA RATION, FL 33487 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

61-997-5 aylime Phone #

Daytime Phone #