

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072739

1. Entity Name

NEEDLES, INC.

Principal Place of Business

LAS OLAS CTR  
450 E LAS OLAS BLVD 900  
FT. LAUDERDALE FL 33301  
US

Mailing Address

LAS OLAS CTR  
450 E LAS OLAS BLVD 900  
FT. LAUDERDALE FL 33301-2223  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0442740

Applied For

Not Applicable

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

~~HORVITZ, WILLIAM D~~  
LAS OLAS CTR  
450 E LAS OLAS BLVD 900  
TALLAHASSEE FL 33301

Name

DAVID W HORVITZ

Street Address

450 East Las Olas Boulevard

Suite 900

Ft. Lauderdale, FL 33301

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 \$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 DPST ☒ Delete  
NAME HORVITZ, WILLIAM D  
STREET ADDRESS 1 EAST BROWARD BLVD., #1101  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME HORVITZ, DAVID W  
STREET ADDRESS 450 E LAS OLAS BLVD 900  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME BURTON, MELVIN  
STREET ADDRESS 450 E LAS OLAS BLVD 900  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE D ☐ Change ☒ Addition  
NAME LINDA H ROTH  
STREET ADDRESS 450 E Las Olas Blvd., Suite 900  
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE T/S ☐ Change ☒ Addition  
NAME ROBERT J PUCK  
STREET ADDRESS 450 E Las Olas Blvd., Suite 900  
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ASST SECRETARY ☐ Change ☒ Addition  
NAME VIRGINIA J BAKER  
STREET ADDRESS 450 E Las Olas Blvd., Suite 900  
CITY-ST-ZIP Fort Lauderdale, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90148 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)