

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 041 \*\*\*150.00

**DOCUMENT #**

P94000037460

1. Entity Name

Bobbi Designs, Inc.

**DO NOT WRITE IN THIS SPACE**

42726

2. Principal Place of Business

1030 NW 79th Terr.

Suite, Apt. #, etc.

3. Mailing Address

1030 NW 79th Terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Plantation, FL

City &amp; State

Plantation, FL

4. FEI Number

65-0050214

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE****7. Name and Address of Current Registered Agent**

Name

Gerson Glassberg

Street Address (P.O. Box Number is Not Acceptable)  
1030 NW 79th Terr.

City

Plantation, FL

FL

Zip Code

33322

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

Gerson Glassberg

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) ☒**January 1 - May 1 Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$61.25****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 NAME STREET ADDRESS CITY-ST-ZIP	P Roberta Glassberg 1030 NW 79th Terr Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gerson Glassberg 1030 NW 79th Street Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerson Glassberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-370-2265

Date

Daytime Phone #

CR2E034B (12/01)