

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 039 ***150.00

553458

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94 000042746
1. Entity Name
 THE BRITISH EMPORIUM, Inc

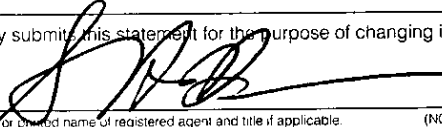
Principal Place of Business **Mailing Address**

2. Principal Place of Business 7300 W Camino Real
3. Mailing Address 1810 Sabel Drive
Suite, Apt. # etc. **Suite, Apt. #, etc.**
City & State Boca Raton FL **City & State** Deerfield Beach FL
Zip 33433 **Country** **Zip** 33442 **Country**

4. FEI Number 65-0510374 **Applied For** ☐ **Not Appl cable**
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
Name ABRAMS, Steven
Street Address (P.O. Box Number is Not Acceptable) 7300 W Camino Real
City Boca Raton **FL** **Zip Code** 33433

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  **DATE** 4/30/01
(Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

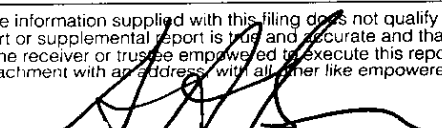
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P. S. Weisberg, Peter	7300 W. Camino Real	Boca Raton FL 33433	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	OP S ABRAMS, Steven	7300 W. Camino Real	Boca Raton FL 33433	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 no 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 is 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:  **DATE** 4/20/01 **Daytime Phone #**

CR20034 (11/00)