

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048788

1. Entity Name

THE CASHMERE SHOP INC.

Principal Place of Business

236 SOUTH OCEAN BLVD.
MANALAPAN FL 33462
US

Mailing Address

236 SOUTH OCEAN BLVD
MANALAPAN FL 33462
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 65-0502620

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

SAMELE, SALLY A
240 RIVER PARK DRIVE
JUPITER FL 33477

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SAMELE, SALLY A	240 RIVER PARK DR.	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	SAMELE, DANIEL W	240 RIVER PARK DR.	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	WALSH, ALMA	160 COMMODORE DR.	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	WALSH, THOMAS	160 COMMODORE DR	JUPITER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Daniel W. Samele* Daniel W. Samele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001

Date

561 588-7171

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90924 005 ***150.00

757946



DO NOT WRITE IN THIS SPACE

0319223

CR2E034 (10/00)