

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065784

1. Entity Name

DESIGNERS FABULOUS FINDS, INC.

Principal Place of Business

2418 NO. STATE RD. 7
MARGATE FL 33063

Mailing Address

2418 NO. STATE RD. 7
MARGATE FL 33063-5720

2. Principal Place of Business

2301 N.E. 26 St.

Suite, Apt. #, etc.

B2

City & State

FT. LAUDERDALE, FL.

Zip

33305

Country

USA

3. Mailing Address

2301 N.E. 26 Street

Suite, Apt. #, etc.

B2

City & State

FT. LAUDERDALE, FL.

Zip

33305

Country

USA

6. Name and Address of Current Registered Agent

LANCASTER, BARBARA
2418 NO STATE RD 7
MARGATE FL 33063

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, BARBARA	
STREET ADDRESS	2418 NO STATE RD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Barbara Lancaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90037 038 ***150.00

636413



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0512751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required