

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90137 024 ***150.00



DO NOT WRITE IN THIS SPACE

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| DOCUMENT # P94000077183 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name PAST PERFECT CONSIGNMENT SHOWROOM, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 99 NE MIZNER BLVD BOCA RATON FL 33432 | | Mailing Address 99 NE MIZNER BLVD BOCA RATON FL 33432 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 65-0526799 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | |
| BARTELS, JOEL 11010 NW 15TH ST PEMBROKE FL 33026 <i>1545 S.W. 4 circle</i> <i>Boca Raton, FL</i> <i>33486</i> | | 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 <i>[Signature]</i> Joel Bartels 01-05-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input type="checkbox"/> | | 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 | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | |
| Trust Fund Contribution. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> PS <input type="checkbox"/> Delete BARTELS, JOEL 11010 NW 15TH CT PEMBROKE PINES FL 33026 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> VP <input type="checkbox"/> Delete BARTELS, JOEL 7438 SALLYLYN LN LAKE WORTH FL 33467 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Delete </td> </tr> </table> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS <input type="checkbox"/> Delete BARTELS, JOEL 11010 NW 15TH CT PEMBROKE PINES FL 33026 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete BARTELS, JOEL 7438 SALLYLYN LN LAKE WORTH FL 33467 | 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bartels, Joel 1545 S.W. 4 circle Boca Raton, FL 33486 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> UP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bartels, Joel 1545 S.W. 4 circle Boca Raton, FL 33486 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bartels, Joel 1545 S.W. 4 circle Boca Raton, FL 33486 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | UP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bartels, Joel 1545 S.W. 4 circle Boca Raton, FL 33486 | 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 persons empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <i>[Signature]</i> Joel Bartels 01-05-01 561-338-5656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |

CR2E034 (10/00)