

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014063

1. Entity Name

DESIGNED BY CLAUDIE CORPORATION

R

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90005 049 ***150.00

Principal Place of Business

120 N.W. SPANISH RIVER BLVD
SUITE B-61
BOCA RATON FL 33431

Mailing Address

120 N.W. SPANISH RIVER BLVD
SUITE B-61
BOCA RATON FL 33431

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

65-0663294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARIPPOL, CLAUDINE
4301 N. OCEAN BLVD.
APT. 804A
BOCA RATON FL 33431

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** ☐ Delete
NAME **ARIPPOL, CLAUDINE**
STREET ADDRESS **4301 N. OCEAN BLVD, #804A**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P96000014063
BO/04303

**DESIGNED BY CLAUDIE CORPORATION
120 N.W. SPANISH RIVER BOULEVARD, #B-61
BOCA RATON, FL 33431**

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Designed By Claudie Corporation
Document # : P96000014063

Dear Sir or Madam,

Please find enclosed the 2000 Uniform Business Report (UBR) with our check for \$150.00. We are formally requesting relief from the \$400.00 late fee because we never received the original report sent to us in January. We have always filed the annual report on time in the past when the report was sent to us. We were out of the country during the filing period and believed we were current on any fees due until we received the second notice from you.

Please accept this filing and payment as full satisfaction of the 2000 year requirement. Your consideration in this matter is greatly appreciated.

Sincerely,


Claudine Arippol
President

encl.