

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034909

1. Entity Name

LINGERIE LIQUIDATORS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90082 050 ***150.00

Principal Place of Business

Mailing Address

4851 NW 103 AVE
STE 47
SUNRISE FL 33351
US

4851 NW 103 AVE
STE 47
SUNRISE FL 33351-7954
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

65-0668729

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

EILENBERG, STEVEN
3531 NW 91ST LANE
SUNRISE FL 33351

Name

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

12247 N.W. 32 MANOR

City

SUNRISE

FL

Zip Code

33323

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME EILENBERG, STEVEN
STREET ADDRESS ~~3521 NW 91ST LANE~~
CITY-ST-ZIP SUNRISE FL

TITLE P ☐ Delete

NAME EILENBERG, PAT
STREET ADDRESS ~~3531 NW 91ST LANE~~
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 12247 N.W. 32 MANOR
CITY-ST-ZIP SUNRISE, FL. 33323

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 12247 N.W. 32 MANOR
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)