

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035004

1. Entity Name

SHIRTS R US OF HALLANDALE, INC.

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

05-04-2000 90114 008 ***150.00

Principal Place of Business

Mailing Address

730 W HALLANDALE BCH BLVD
HALLANDALE FL 33009

730 W HALLANDALE BCH BLVD
HALLANDALE FL 33009-5328

2. Principal Place of Business

3. Mailing Address

625 N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

4. FEI Number

65-0660429

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

KRUGER, LYDIA

625 W HALLANDALE BCH BLVD
HALLANDALE FL 33009

Name

Lydia Kruger

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

625 N. State Rd 7

City

Hollywood, FL

FL

Zip Code

33021

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

Lydia Kruger Lydia Kruger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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	PD	<input type="checkbox"/> Delete
NAME	KRUGER, LYDIA	
STREET ADDRESS	730 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Lydia Kruger Lydia Kruger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

954-964-6800

Daytime Phone #

CR2E034 (9/99)