

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90072 029 ***150.00

0404966 AV

DOCUMENT # P96000038963

1. Entity Name
F.Y.I. 101 SERVICES INC.

Principal Place of Business
5367 PARK PLACE CIRCLE
BOCA RATON FL 33486

Mailing Address
5367 PARK PLACE CIRCLE
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5367 Park Place Business
 Suite, Apt. #, etc.

3. Mailing Address
5367 Park Place Cir.
 Suite, Apt. #, etc.

City & State
Boca Raton, Fl.
 Zip
33486

Country
USA

City & State
Boca Raton, Fl.
 Zip
33486

Country
USA

4. FEI Number
65-0691216

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANOFF, JUDITH
5367 PARK PLACE CIRCLE
BOCA RATON FL 33486

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, 2002 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
P ☐ Delete
 NAME
ROMANOFF, JUDITH
 STREET ADDRESS
5367 PARK PLACE CIRCLE
 CITY-ST-ZIP
BOCA RATON FL 33486

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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

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☐ 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: Judith Romanoff **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

561-361-9432
 Daytime Phone #

CR2E034 (9/01)