

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042302

1. Entity Name

APPEARANCE OF SOUTH FLORIDA, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90164 050 ***150.00

Principal Place of Business
3423 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436

Mailing Address
1701 NE 63RD COURT
FRT LAUDERDALE FL 33334

00000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3423 Woolbright Rd
Suite, Apt. #, etc.

3. Mailing Address
1701 NE 63rd Ct
Suite, Apt. #, etc.

City & State
Boynton Bch Fl
Zip 33436 Country Usa

City & State
Fort Laud Fla
Zip 33334 Country USA

4. FEI Number 65-0662817
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WEINSHANK, KATHY
1701 NE 63RD COURT
FRT LAUDERDALE FL 33334

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 Kathy Weinshank DATE 1-8-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	WEINSHANK, KATHY	
STREET ADDRESS	1701 NE 63RD COURT	
CITY-ST-ZIP	FRT LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEINSHANK, TERRY	
STREET ADDRESS	1701 NE 63RD COURT	
CITY-ST-ZIP	FRT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Kathy Weinshank DATE 1-8-01 DAYTIME PHONE # 561-737-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

027632

CR2E034 (10/00)