

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045594

1. Entity Name

HOME SWEET HOME FT. LAUDERDALE, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90164 048 ***150.00

Principal Place of Business

Mailing Address

15874 VIVANCO ST
DELRAY BEACH FL 33484

15874 VIVANCO ST
DELRAY BEACH FL ~~33484~~ 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5874 Vivanco street
Suite, Apt. #, etc.

3. Mailing Address

15874 Vivanco street
Suite, Apt. #, etc.

City & State

Delray-Beach, Fl.

City & State

Delray-Beach, Fl.

4. FEI Number

65-0707197

Applied For

Not Applicable

Zip

Country

33446

U. S. A.

Zip

Country

33446

U. S. A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARP, MOSHE
15874 VIVANCO ST
DELRAY BEACH FL ~~33484~~ 33446

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

Moshe Karp

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

(NOTE: Registered Agent signature required when reinstating)

02/06/2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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	PD	<input type="checkbox"/> Delete
NAME	KARP, MOSHE	
STREET ADDRESS	15874 VIVANCO ST	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOSHE, KARP	
STREET ADDRESS	15874 VIVANCO ST	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Please, see copy
of change, attach
from 2001
04/28/2001.

Thanks!

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D, TOVA KARP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15874 Vivanco street	
CITY-ST-ZIP	Delray Beach, Fl. 33446	
TITLE	VP/D MOSHE KARP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15874 Vivanco street	
CITY-ST-ZIP	Delray-Beach, Fl. 33446	
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		

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:

Tova Karp DIRECTOR Tova KARP 02/06/2001 954-562-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)