

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061512

1. Entity Name

NAME DROPPERS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90187 029 ***150.00

Principal Place of Business

13001 SOUTHWEST 104TH AVENUE
MIAMI FL 33176

Mailing Address

13615 S. DIXIE HIGHWAY
SUITE 442
MIAMI FL 33176-7254

2. Principal Place of Business

7558 Estrella Circle

3. Mailing Address

7558 Estrella Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0683166

Applied For

Not Applicable

Zip

Country

33433 USA

Zip

Country

33433 USA

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

LIEBERMAN, DANA
3001 S.W. 104 AVENUE
MIAMI FL 33176

Name

Lieberman, Dana

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

7558 Estrella Circle

City

Boca Raton

FL

Zip Code

33433

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

Dana K. Lieberman

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

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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 DP ☐ Delete
NAME LIEBERMAN, DANA
STREET ADDRESS 3001 S.W. 104 AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7558 Estrella Circle
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Dana K. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/00

Daytime Phone #

561-488-3171

CR2E034 (9/99)