

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067842

1. Entity Name

THE COMPANY SHE KEEPS INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90053 044 ***150.00

Principal Place of Business

Mailing Address

6877 SW S18TH ST.
~~1120-1126~~ **123**
BOCA RATON FL 33433

7000 WEST PALMETTO PRK ROAD
SUITE 200
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

123

City & State

Zip

Country

700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432

4. FEI Number **65-0710425**

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

GARELLEK, STEVEN
7000 WEST PALMETTO PRK ROAD
SUITE 200
BOCA RATON FL 33433

Name

Garellek, Steven

Street A

700 S. Federal Hwy., Suite 200

Boca Raton, FL 33432

City

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOBEL, ROBYNE**
STREET ADDRESS **6877 S.W. 18TH ST, STE. ~~1120-1126~~ 123**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)