

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091399

1. Entity Name

RETRO CONCEPTS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90016 032 ***150.00

Principal Place of Business

Mailing Address

1518 E. 7TH AVENUE
TAMPA FL 33605
US

1518 E. 7TH AVENUE
TAMPA FL 33605-3704
US

2. Principal Place of Business

3. Mailing Address

1926 EAST FIFTH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

4. FEI Number 59-3436607

Applied For
Not Applicable

Zip

Country

33605

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

RUBIN, DANIEL
1926 EAST 5TH AVENUE
TAMPA FL 33605

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, 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 V ☐ Delete
NAME RUSSELL, STEVE
STREET ADDRESS 11119 NORMANDY CIR #1
CITY-ST-ZIP TAMPA FL

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

TITLE P ☐ Delete
NAME RUBIN, DANIEL
STREET ADDRESS 1926 E 5TH AVE
CITY-ST-ZIP TAMPA FL

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

TITLE S ☐ Delete
NAME ZOOK-RICHARDSON, JONI
STREET ADDRESS 1922 E. 4TH AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2908 N Central Ave
CITY-ST-ZIP Tpa, FL 33602

TITLE T ☐ Delete
NAME RICHARDSON, JAMES
STREET ADDRESS 1922 E. 4TH AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1721 E 4th Ave
CITY-ST-ZIP Tampa, FL 33605

TITLE VP ☐ Delete
NAME PASTROFF, LAURA
STREET ADDRESS 1926 E. 5TH AVENUE
CITY-ST-ZIP TAMPA FL 33605

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

TITLE VP ☐ Delete
NAME LOUGHIN-RUSSELL, SHELLY
STREET ADDRESS 11119 NORMANDY CIRCLE #1
CITY-ST-ZIP TAMPA FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)