

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017202

1. Entity Name

CITY BINDERY, INC.

Principal Place of Business

731 NW 7 TERR.
FT. LAUDERDALE FL 33311

Mailing Address

731 NW 7 TERR.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~ALBUQUERQUE, PASCOAL S~~
~~731 NW 7 TERR.~~
~~FT. LAUDERDALE FL 33311~~

7. Name and Address of New Registered Agent

Name* ~~MEENDES, EVALDO~~ Vice-Pres., D/S
Street Address (P.O. Box Number is Not Acceptable)
731 NW 7 TERRACE
City FT. LAUDERDALE FL Zip Code 33311

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]*
Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

April 20, 2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MEENDES, FRANCISCO	
STREET ADDRESS	731 NW 7 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	MEENDES, EVALDO	
STREET ADDRESS	731 NW 7 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALBUQUERQUE, PASCOALS	
STREET ADDRESS	731 NW 7 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
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	
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91020 001 ***150.00

05-17-2001 91020 002 *****8.75

71835



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)