

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036381

1. Entity Name

IDEAL BOOKS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90062 041 ***150.00

Principal Place of Business

Mailing Address

400 S DIXIE HWY
SUITE #3
HALLANDALE FL 33009

20634 NE 9TH COURT
NORTH MIAMI BEACH FL 33179-1914

2. Principal Place of Business

3. Mailing Address

400 S. Dixie Hwy.

400 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

#3

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip 33009

Country

Zip 33009

Country

4. FEI Number 65-0778455

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

KAUFMAN, BONNIE
20634 NE 9TH COURT
NORTH MIAMI BEACH FL 33179

Name

KAUFMAN, Bonnie

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

400 S. Dixie Hwy #3

City

Hallandale

FL

Zip Code

33009

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 D ☐ Delete
NAME KAUFMAN, BONNIE
STREET ADDRESS 20634 NE 9TH COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bonnie Kaufman, President

3/7/2000

(954)

458-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)