

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048864

1. Entity Name

PAMPER ME, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90128 022 \*\*\*150.00

Principal Place of Business  
1920 E HALLANDALE BCH BLVD  
SUITE #638  
HALLANDALE FL 33009  
US

Mailing Address  
1680 NE 191 ST  
APT #110  
N MIAMI BCH FL 33179-4124  
US

047250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1920 E. Hallandale Bch Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 638

City & State

City & State

Hallandale, FL.

Zip

Country

Zip

Country

33009

USA

4. FEI Number

65-0767949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

D'ANGELO, MELISSA  
19828 W DIXIE HWY  
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

D'Angelo Melissa

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

1920 E. Hallandale Bch. Blvd. Suite 638

City

Hallandale, FL.

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

*Melissa D'Angelo President*

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

(NOTE: Registered Agent signature required when reinstating)

4-25-2000

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

TITLE P ☐ Delete  
NAME D'ANGELO, MELISSA  
STREET ADDRESS 1680 NE 191 ST #110  
CITY-ST-ZIP N MIAMI BCH FL 33170

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (SAME) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1920 E. Hallandale Bch. Blvd. Suite 638  
CITY-ST-ZIP Hallandale, FL. 33009

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Melissa D'Angelo President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melissa D'Angelo President

4-25-2000 954-456-1533

Date

Daytime Phone #

CR05024 (0/00)