

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000052860**

1. Entity Name

DOLLAR SHACK OF OKEECHOBEE BLVD., INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90351 050 ***158.75

Principal Place of Business

**5700 OKEECHOBEE BLVD
SUITE 33
WEST PALM BEACH FL 33417
US**

Mailing Address

**18348 LAKEBEND DR
JUPITER FL 33458
US**

2. Principal Place of Business

5700 Okeechobee Blvd #3

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

FL

City & State

Zip

33417

Country

Zip

Country

4. FEI Number **65-0761431**

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

**CHABRIA, MAYA
18348 LAKEBEND DR
JUPITER FL 33458**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	CHABRIA, MAYA	18348 LAKEBEND DR	
		JUPITER FL 33458		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	V	CHABRIA, ARJUN	18348 LAKEBEND DR	
		JUPITER FL 33458		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

4/20/01

Date

561/629-5819

Daytime Phone #

CR2E034 (10/00)