

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997000061520
Entity Name
 The Noon Place, Inc.

APPROVED
AND
FILED

00 MAR 15 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 402 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FLA. 33334

2. Principal Place of Business **3. Mailing Address**
 402 E. OAKLAND PARK BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Ft. Lauderdale FLA
 Zip Country
 33334 Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773822 **Applied For**
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 AVINOAM AMRAM
 7544 ANDORRA PLACE
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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	AVINOAM AMRAM	<input type="checkbox"/> Delete
NAME	7544 ANDORRA PLACE	
STREET ADDRESS	BOCA RATON FL 33433	
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		
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	700003178907-3	
STREET ADDRESS	-03/22/00--01006--012	
CITY-ST-ZIP	****300.00 ****300.00	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date Daytime Phone #

CR2E034 (9/99)

Astute Tax and Accounting, Inc.

**5450 Northwest 33rd Avenue
Suite 111
Fort Lauderdale, Florida 33309**

**(954) 484-1950
Fax (954) 484-1199**

February 17, 2000

Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Fl. 32314
Attn.: Michelle

Re: The Neon Place
FEI: 65-0773822 State # P97000061520

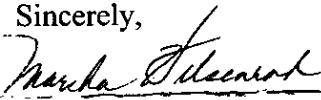
Dear Michelle,

As per our phone conversation, enclosed please find a check for \$300.00 for years 1999 & 2000 Annual Report.

We ask that you abate the penalty charges, as Mr. Avinoam of The Neon Place never received any of the paper work necessary to send in order to keep the corporation open. Their was a move involved and evidently the papers never reached him.

We would appreciate whatever you can do to expedite this matter. Thanking you in advance.

Sincerely,



Marsha Hilsenrad

Enc. (2)