

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074599

1. Entity Name

MODA FOR THE HOME, INC.

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90008 044 \*\*\*150.00

Principal Place of Business

Mailing Address

3120 W. BAY TO BAY BLVD.  
TAMPA FL 33629

5120 W. LEMON STREET  
SUITE A  
TAMPA FL 33609-1106

2. Principal Place of Business

3. Mailing Address

3115 Bay to Bay, W

2506 S. MACDILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State  
TAMPA FL

4. FEI Number 59-3471087

Applied For

Not Applicable

Zip  
33629

Country  
USA

Zip  
33629

Country  
USA

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

RORECH, MAUREEN A  
5012 W. LEMON STREET  
SUITE A  
TAMPA FL 33609

Name

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

2506 S. MACDILL AVE, SUITE A

City  
TAMPA

FL

Zip Code  
33629

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]*

4/27/00

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	<input type="checkbox"/> Delete
NAME	RORECH, MAUREEN A	
STREET ADDRESS	3105 WEST WATROUS	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

4/27/00

Date

813-833-9889

Daytime Phone #

CR2E034 (9/99)