

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90146 016 ***150.00

CR2E034 (9/01)

DOCUMENT # P97000089105

1. Entity Name
EVERYTHING BUT THE BABY, INC.

Principal Place of Business
316 NE 4 STREET
FORT LAUDERDALE FL 33301

Mailing Address
316 NE 4 STREET
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0797093**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

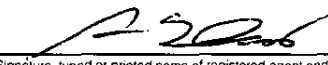
6. Name and Address of Current Registered Agent

GOFFMAN, STUART
316 NE 4TH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **Closner, Neil**
 Street Address (P.O. Box Number is Not Acceptable)
316 NE 4th Street Suite 200
 City **Fort Lauderdale** **FL** Zip Code **33301**

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

2/8/02

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, 2002 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 **PD**
 NAME **GOFFMAN, STUART**
 STREET ADDRESS **316 NE 4 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**
☐ Delete

TITLE **D**
 NAME **CLOSNER, NEIL**
 STREET ADDRESS **316 NE 4th St. Suite 200**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**
☒ Change ☐ Addition

TITLE **SD**
 NAME **WEISS, SEAN**
 STREET ADDRESS **316 NE 4 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**
☐ Delete

TITLE ☐ Change ☐ Addition

TITLE **D**
 NAME **HOUSTON, BART A**
 STREET ADDRESS **316 NE 4 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**
☒ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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

Jan 11/02
 Date

954-523-9892
 Daytime Phone #