

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90026 017 ***150.00

0108127 AV

DOCUMENT # P97000092453

1. Entity Name
NOVELTY TRIMMINGS SHOP, INC.

Principal Place of Business

146 N. MIAMI AVENUE
MIAMI FL 33128

Mailing Address

146 N. MIAMI AVENUE
MIAMI FL 33128

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 **65-0791622**

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

GORFINKEL, NESTOR B ESQ
1111 KANE CONCOURSE
#401
BAY HARBOR ISLAND FL 33154

Name Nestor B Gorfinkel
 Street Address (P.O. Box Number is Not Acceptable) 20818 West Dixie Highway
 City Aventura **FL** Zip Code 33180

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 Nestor B Gorfinkel [Signature] 2/4/2002
 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, 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	P	<input type="checkbox"/> Delete
NAME	GORFINKEL, MARCOS	
STREET ADDRESS	1860 NE 197 TERRACE	
CITY-ST-ZIP	MAIMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORFINKEL, LEON	
STREET ADDRESS	8777 COLLINS AVE APT #509	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORFINKEL, DIANE	
STREET ADDRESS	1860 NE-197-TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02 (305) 379-3448
 Date Daytime Phone #

CR2E034 (9/01)