

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004461

1. Entity Name

THE IDEAL BOX COMPANY, INC.

Principal Place of Business

Mailing Address

3045 LUCAYA STREET
MIAMI FL 33133

3045 LUCAYA STREET
MIAMI FL 33133-3932

FILED

Feb 08, 2000 8:00 am

Secretary of State

02-08-2000 90140 038 ***150.00

A0017563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3052 SW 27th Ave
102

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0829875

Applied For

Not Applicable

Zip

Country

Zip

Country

33133 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

RENZI, LAURA
3045 LUCAYA STREET
MIAMI FL 33133

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

2/1/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RENZI, LAURA
3045 LUCAYA STREET
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MADAN, DENISE
3045 LUCAYA STREET
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
Denise Madan
9961 SW 72 Ct
Miami FL 33156 ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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 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

LAURA RENZI

2/1/00

(305) 858-7150

Day

Daytime Phone #