

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90065 017 ***150.00

DOCUMENT # P. 98000013418

1. Entity Name

THE CHANGING ROOM NORTH, INC.

DO NOT WRITE IN THIS SPACE

825380

2. Principal Place of Business

2599 N.E. 191 STREET

Suite, Apt. #, etc.

3. Mailing Address

2599 N.E. 191 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2506449

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTHONY GOLD

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

1041 N.E. 88th STREET

City

MIAMI

FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P*
NAME *ANTHONY GOLD*
STREET ADDRESS *1041 N.E. 88th STREET*
CITY-ST-ZIP *MIAMI, FL 33138*

TITLE *V*
NAME *CHRISTINE GOLD*
STREET ADDRESS *1041 N.E. 88th STREET*
CITY-ST-ZIP *MIAMI, FL 33138*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony D Gold* *ANTHONY D GOLD* X *2-15-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004B (12/01)