

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034169

1. Entity Name

JUDY SHAPIRO FRAMES, INC

Principal Place of Business

10342 N.W. 54TH PLACE
CORAL SPRINGS FL 33076

Mailing Address

10342 N.W. 54TH PLACE
CORAL SPRINGS FL 33467-4210

2. Principal Place of Business

8417 Sandy Cay
Suite, Apt. #, etc.

3. Mailing Address

8417 Sandy Cay
Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL.

4. FEI Number

65-0836125

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

SHAPIRO, JUDY
10342 N.W. 54TH PLACE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Shapiro, Judy

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

8417 Sandy Cay

City

West Palm Beach

FL

Zip Code

33411

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

Judy Shapiro DP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/2000

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

TITLE DP
NAME SHAPIRO, JUDY
STREET ADDRESS 10342 N.W. 54TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Shapiro, Judy
STREET ADDRESS 8417 Sandy Cay
CITY-ST-ZIP West Palm Beach FL 33411 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Judy Shapiro Judy Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000 Home - 561 792-4959 Cell 561 718-2720

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90094 004 ***150.00

C0037947



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)