

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90085 021 ***150.00

DOCUMENT # **P98000041202**

1. Entity Name

Personal Bottoms

Principal Place of Business

Mailing Address

*200 E Hallandale Bch Blvd
 Ste 13 Sage Plaza
 Hallandale Bch, Fla 33009*

A0045930

2. Principal Place of Business

3. Mailing Address

*200 E Hallandale Bch Blvd
 Ste 13 Sage Plaza
 Hallandale Bch Fla*

*200 E Hallandale Bch Blvd
 Ste 13 Sage Plaza
 Hallandale Bch Fla*

DO NOT WRITE IN THIS SPACE

City & State

City & State

33009

33009

4. FEI Number

Applied For

65-084-1789

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

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

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, 2001 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	<i>VICE PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>Mike Falzone</i>	
STREET ADDRESS	<i>19390 Collins Ave. Apt 1502C</i>	
CITY-ST-ZIP	<i>MIAMI BEACH FLA 33180</i>	
TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>KENNETH G. AM</i>	
STREET ADDRESS	<i>1295 YELLOW HENET WAY</i>	
CITY-ST-ZIP	<i>Hollywood, FLA 33019</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Mike Falzone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

954-458-3535

Date

Daytime Phone #

CR2E034 (11/00)