

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045741

1. Entity Name

BRANDSMART U.S.A. OF WEST PALM BEACH, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90177 017 \*\*\*150.00

Principal Place of Business

Mailing Address

3200 SW 42ND ST  
 HOLLYWOOD FL 33312  
 US

3200 SW 42ND ST  
 HOLLYWOOD FL 33312-6813  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0840127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A  
 4925 SHERIDAN ST STE A  
 HOLLYWOOD FL 33021

Name

SHERI CRITELLI

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

2601 SOUTH BAYSHORE, SUITE 1600

City

MIAMI

FL

Zip Code

33133

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

*Sheri Critelli*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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	D	<input type="checkbox"/> Delete
NAME	PERLMAN, ROBERT	
STREET ADDRESS	3200 SW 42ND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, SHARON	
STREET ADDRESS	3200 SW 42ND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, MICHAEL	
STREET ADDRESS	3200 SW 42ND ST	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 an other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)