## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000051764** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name DOLLS FOR DOLLS, CORP. 04-27-2000 90024 033 \*\*\*150.00 Mailing Address Principal Place of Business 1489 W. PALMETTO PARK ROAD 1489 W. PALMETTO PARK ROAD SUITE 485 SUITE 485 BOCA RATON FL 33486-3327 BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address 2717 W. Cypress Creek Road <u> 2717 W. Cypress Creek Road</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0928911--Not Applicable Fort Lauderdale, Fort Lauderdale Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33309 33309 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cantor,—Samuel—J<del>...</del> CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Parkway NW 1489 W. PALMETTO PARK ROAD SUITE 485 Suite 200 **BOCA RATON FL 33486** City Boca <u>Raton</u> ered office or registered agent, or both, in the State of Florida. 8. The above named entity (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy to intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS $X \overline{X}$ . Change ☐ Addition ☐ Delete TITLE David L'Parker NAME PARKER, DAVID L NAME 2717 WroCypress Creek Road 1489 W. PALMETTO PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, FL 33309 CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP \_ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

877-469 - 0658

Daytime Phone #