

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067880

1. Entity Name
THE PINK GIRAFFE, INC.

Principal Place of Business

Mailing Address

~~3029 ALHAMBRA ST.~~
~~FT. LAUDERDALE FL 33304~~

~~3029 ALHAMBRA ST.~~
~~FT. LAUDERDALE FL 33304~~

2. Principal Place of Business

1561 NW 14 AVE

Suite, Apt. #, etc.

3. Mailing Address

1561 NW 14 AVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

PALM BCH

Zip

33486

Country

PALM BCH

6. Name and Address of Current Registered Agent

DANIELS, VIRGINIA A
3029 ALHAMBRA ST.
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **VIRGINIA A DANIELS**

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

1561 NW 14 AVE

City

BOCA RATON

FL

Zip Code

33486

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

Virginia Daniels

VIRGINIA DANIELS, PRES

REGISTERED AGENT +
1/10/01

Signature, type 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

TITLE **EVP** ☐ Delete
NAME **BONGIORNO, MARY ANN**
STREET ADDRESS **3029 ALHAMBRA ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **P** ☐ Delete
NAME **DANIELS, VIRGINIA**
STREET ADDRESS **3029 ALHAMBRA ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☒ Change ☐ Addition
NAME **BONGIORNO, MARY ANN**
STREET ADDRESS **1561 NW 14 AVE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **P** ☒ Change ☐ Addition
NAME **DANIELS, VIRGINIA**
STREET ADDRESS **1561 NW 14 AVE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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

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

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

TITLE ☐ Change ☐ 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: *Virginia Daniels* **VIRGINIA DANIELS, PRES** **1/10/01** **417-3897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90067 034 ***150.00



DO NOT WRITE IN THIS SPACE

0328052

CR2E034 (10/00)