

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074413

1. Entity Name

BOOCOO DESIGNS, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90082 034 \*\*\*150.00

Principal Place of Business

1447 S. UNIVERSITY DRIVE  
 PLANTATION FL 33324  
 US

Mailing Address

8501 GATEHOUSE ROAD  
 PLANTATION FL 33324-3103

2. Principal Place of Business

3. Mailing Address

1447 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

4. FEI Number ~~75-0259915~~  
 65-0859915

Applied For  
 Not Applicable

Zip

Country

33324

Country

Broward

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

LURIE, RON  
 8501 GAATEHOUSE ROAD  
 PLANTATION FL 33324

Name: Sean macdonald  
 Street Address (P.O. Box Number is Not Acceptable): 821 Sand Creek Circle  
 City: Weston FL Zip Code: 33327

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURIE, RONALD E	NAME	
STREET ADDRESS	8501 GATEHOUSE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAKS, RICHARD H	NAME	
STREET ADDRESS	3086 LAKEWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURIE, IRENE	NAME	
STREET ADDRESS	8501 GATEHOUSE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean macdonald	NAME	
STREET ADDRESS	1447 So. University Drive	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00  
 1954-4751333



DO NOT WRITE IN THIS SPACE