

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078136

1. Entity Name
PARLOR PAINTS & CARPET, INC.

Principal Place of Business
501 NORTH RIDGE ROAD
LANTANA FL 33462

Mailing Address
501 NORTH RIDGE ROAD
LANTANA FL 33462

2. Principal Place of Business
501 Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
501 Ridge Rd
Suite, Apt. #, etc.

City & State
LANTANA, FL

City & State
LANTANA, FL

4. FEI Number 65-0900730

Applied For
Not Applicable

Zip 33462 Country Palm Beach

Zip 33462 Country Palm Beach

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

URBANOWICZ, MARK
501 NORTH RIDGE ROAD
LANTANA FL 33462

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D URBANOWICZ, MARK 501 NORTH RIDGE ROAD LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # _____

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90001 004 ***150.00

00072047



DO NOT WRITE IN THIS SPACE

0319148

CR2E034 (10/00)

Attachment Doc # P98000078136

GLENN A. ROSENBERG, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT

C0072047

3700 Coconut Creek Pkwy Ste 140
Coconut Creek, FL 33066
Tel (954) 978-9514
Fax (954) 978-3268

June 18, 2001

Florida Department of State
Tallahassee, FL 32302
Re: Parlor Paint & Carpet, Inc.
FEI #: 65-0900730
Form: 2001 Uniform Business Report
Tax Year: December 31, 2000

Dear Sir or Madam,

As the accountant for the above referenced Corporation I am writing regarding the enclosed 2001 Uniform Business Report.

The taxpayer received the form late because of an incorrect address and this is the first time the form was not filed timely.

We are requesting that the Department of State accept the \$150.00 as full and timely payment and abate any penalties for this one time.

Please correct your records accordingly.

If you have any further questions, please do not hesitate to call.

Thank you.

Sincerely yours,



Glenn A. Rosenberg, CPA

Enclosures

cc: M. Urbanowicz