

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0156204
AV

05-01-2003 90123 038 ***150.00

DOCUMENT # P98000090635

1. Entity Name

SILVER ON THE MOUNT TATTOO, INC.



Principal Place of Business
2422 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
2422 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0877455

Applied For

Not Applicable

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

JAVELLANA, TY CPA
1250 E HALLANDALE BEACH BLVD
STE 405
HALLANDALE BEACH FL 33009

Name

Street Address (P.O. Box Number 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MAZURKEVITCH, JR., VINCENT
STREET ADDRESS 611 N. GOLF DR.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME 1701 SW 5th St
STREET ADDRESS Ft Lauderdale FL 33312 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VP
NAME MAZURKEVITCH, LAURA
STREET ADDRESS 611 N. GOLF DR.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME 1701 SW 5th St
STREET ADDRESS Ft. Lauderdale FL 33312 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

CR2E034 (10/02)