

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091210

1. Entity Name

THE WILD ORCHID BOUTIQUE, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 041 ***550.00

Principal Place of Business

1273 NE 163RD STREET
 SUITE 1032
 NORTH MIAMI BEACH FL 33162
 US

Mailing Address

1273 NE 163RD STREET
 SUITE 1032
 NORTH MIAMI BEACH FL 33162-4634
 US

2. Principal Place of Business

3. Mailing Address

5472 Gate Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 TAMARAC FL

4. FEI Number

65-0870783

Applied For

Not Applicable

Zip

Country

Zip

Country

33319

USA

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

NICHOLLS, GREGG E
 3300 N. UNIVERSITY DR. STE. 604
 CORAL SPRINGS FL 33065

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

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	ALVAREZ, SANDRA	
STREET ADDRESS	5472 GATE LAKE ROAD	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAVEN, HARRY J	
STREET ADDRESS	8130 S.W. 7 COURT	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)