

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104733

1. Entity Name

COOPER CITY ANTIQUE MALL INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90034 009 ***150.00

Principal Place of Business

Mailing Address

10082 GRIFFIN ROAD
COOPER CITY FL 33328-3309

10082 GRIFFIN ROAD
COOPER CITY FL 33328-3309

2. Principal Place of Business

3. Mailing Address

10030 Griffin Rd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cooper City FL

City & State

4. FEI Number 65-0893410

Applied For
Not Applicable

Zip Country
33328 USA

Zip

Country

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

FRIEDMAN, MARC
10082 GRIFFIN ROAD
COOPER CITY FL 33328-3309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME CAYNE, DODIE
STREET ADDRESS 1964 NW 813 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

Dodie Cayne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 954-252-0788
Date Daytime Phone #

CR2E034 (9/99)