

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90041 039 ***150.00

0259536

DOCUMENT # P98000105305

1. Entity Name

NICE OCCASIONS FLORIDA CORPORATION

Principal Place of Business

**2800 SW 4 AVE UNIT 9
 FT LAUDERDALE FL 33315**

Mailing Address

**2800 SW 4 AVE UNIT 9
 FT LAUDERDALE FL 33315**

2. Principal Place of Business

**2801 SW 3rd AVE
 UNIT F 12**

3. Mailing Address

← SAME

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-0885397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EASTWOOD, JULIA
 2800 SW 4 AVE UNIT 9
 FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

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] **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/01

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 **D** ☐ Delete
 NAME **EASTWOOD, JULIA**
 STREET ADDRESS **2800 SW 4 AVE UNIT 9**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE **D** ☐ Delete
 NAME **EASTWOOD, GREG**
 STREET ADDRESS **2800 SW 4 AVE UNIT 9**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **EASTWOOD JULIA**
 STREET ADDRESS **2801 S.W. 3rd AVE UNIT F12**
 CITY-ST-ZIP **PORT LAUDERDALE FL 33315**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **EASTWOOD GREG**
 STREET ADDRESS **2801 S.W. 3rd AVE UNIT F12**
 CITY-ST-ZIP **PT LAUDERDALE FL 33315**

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

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

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

TITLE ☐ Change ☐ 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

[Signature] **JULIA EASTWOOD / PRESIDENT** **4/17/01** **954 767 0601**

Date

Daytime Phone #

CR2E034 (10/00)