

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90011 031 ***150.00

DOCUMENT # P99000014592

1. Entity Name

IN SUZANNA'S HANDS, INC.

Principal Place of Business

4310 SHERIDAN STREET #202
HOLLYWOOD FL 33021

Mailing Address

4310 SHERIDAN STREET #202
HOLLYWOOD FL 33021

2. Principal Place of Business

7400 N. FEDERAL HWY

3. Mailing Address

7400 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0894477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, ANDRE S

4310 SHERIDAN STREET #202
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

MARK A. GOODIS

Street Address (P.O. Box Number is Not Acceptable)

9600 W SAMPLE RD

STE 502

City

CORAL SPRINGS FL

Zip Code

33045

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

MARK A. GOODIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

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 PD ☐ Delete
NAME KASS, SUZANNE
STREET ADDRESS 5505 NW 60 DR
CITY-ST-ZIP POMPANO BEACH FL 33-067 +

TITLE VSD ☐ Delete
NAME KASS, RICHARD
STREET ADDRESS 5505 N W60 DR
CITY-ST-ZIP POMPANO BEACH FL 33067

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 ☐ 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

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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

RICHARD W. KASS

Date

3/12/01

Daytime Phone #

(904) 443-7737

CR2E034 (10/00)

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