

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90108 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Pa9 0000 24394
1. Entity Name
 54TH STREET SHOPS INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 880 E OAKLAND PKWY
3. Mailing Address 880 E OAKLAND PKWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FT LAUDERDALE FL
City & State FT LAUDERDALE FL
Zip 33334 **Country** US **Zip** 33334 **Country** US

4. FEI Number 05-0900197
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name STEVE LEVY
Street Address (P.O. Box Number is Not Acceptable)
 2525 N STATE RD 7 - #115
City HOLLYWOOD **FL** **Zip Code** 33021

8. This 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 JRE

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

3/14/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ZACH
STREET ADDRESS	880 E OAKLAND PK BLVD
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

954-658-2179

Daytime Phone #