

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032224

1. Entity Name

PRAMMES V, INC.

Principal Place of Business

6813 CASTLEMAINE AVE.
BOYNTON BEACH FL 33437

Mailing Address

6813 CASTLEMAINE AVE.
BOYNTON BEACH FL 33437-6433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0906766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, STEVEN
6813 CASTLEMAINE AVE.
BOYNTON BEACH FL 33437

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, 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 \$180.00
After MAY 15, 2000 FEE WILL BE \$350.00
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. President
NAME: COHEN, ARLENE
STREET ADDRESS: 6813 CASTLEMAINE AVE.
CITY-ST-ZIP: BOYNTON BEACH FL 33437 ☐ Delete

TITLE: D
NAME: COHEN, STEVEN
STREET ADDRESS: 6813 CASTLEMAINE AVE.
CITY-ST-ZIP: BOYNTON BEACH FL 33437 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: V-President
NAME: Barbara Lesser
STREET ADDRESS: 6983 Windsor Ave
CITY-ST-ZIP: Boynton Beach, FL 33437 ☒ Addition

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 047 ***150.00



DO NOT WRITE IN THIS SPACE

2/18/00 561-733-7901