

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90318 032 ***150.00

DOCUMENT # P99000034006

1. Entity Name

DRAPES & MORE, INC.

Principal Place of Business

Mailing Address

~~7702 WILES RD~~
~~CORAL SPRINGS FL 33065~~

~~7702 WILES RD~~
~~CORAL SPRINGS FL 33065~~

3260 N. Powenline Rd
POMPANO BEACH, FL. 33069.

Moved to

2. Principal Place of Business

3. Mailing Address

3206 N. Powenline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State
POMPANO BEACH

City & State

4. FEI Number **65-0910946**

Applied For

Not Applicable

Zip

Country

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

SCHIFFMILLER, RICK
10242 NW 47TH ST
SUNRISE FL 33351

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
PHILIPPAKIS, DIMITRIOS
~~7702 WILES RD~~
~~CORAL SPRINGS FL 33065~~

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
Philippakis, Dimitrios
3206 N. Powenline Rd.
POMPANO BEACH, FL. 33069.

☒ Change ☐ Addition

TITLE
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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 #

CR2E034 (10/00)