

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048228

1. Entity Name

ONCE AGAIN CONSIGNMENT SHOPPE INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 026 ***150.00

Principal Place of Business

Mailing Address

4989 SW 148 AVE
DAVIE FL 33330

4989 SW 148 AVE
DAVIE FL 33330-2419

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

65-0939223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSIO, ROSALIE
4989 SW 148 AVE
DAVIE FL 33330

Name

MARCIA FERREIRO STUTZ

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

4989 SW 148 AVE

DAVIE FL

33330

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

Marcia Ferreiro Stutz

MARCIA FERREIRO STUTZ 3-13-00

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, 2000 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. PRESIDENT/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME COSIO, ROSALIE
STREET ADDRESS 4989 SW 148 AVE
CITY-ST-ZIP DAVIE FL 33330 ☐ Delete

TITLE MARCIA FERREIRO STUTZ Change ☐ Addition
NAME
STREET ADDRESS 4989 SW 148 AVE
CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Rosalie Cosio
STREET ADDRESS 4989 SW 148 AVE
CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Marcia Ferreiro Stutz
MARCIA FERREIRO STUTZ

Date

Daytime Phone #

3-13-00 9542525720

CR2E034 (9/99)