

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

DOCUMENT # P99000055178

1. Entity Name

HALLANDALE ANTIQUE MALL, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-03-2000 90050 035 ***150.00

Principal Place of Business
1725 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
433 PLAZA REAL
SUITE 339
BOCA RATON FL 33432-3945

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

65-0932329

Applied For
Not Applicable

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

SCOTT, THOMAS E
433 PLAZA REAL
SUITE 339
BOCA RATON FL 33432

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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---------------------------------------|--|--|
| TITLE | NAME STREET ADDRESS CITY-ST-ZIP | TITLE | NAME STREET ADDRESS CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | PRES / D KAREN A. SILVERMAN 1025 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VP / D ROBERT T. SCOTT 1025 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:

Robert Scott 4-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 571 9988

CR2E034 (9/99)