

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90004 046 ***150.00

0267113

DOCUMENT # P99000058566

1. Entity Name
MAID TO ORDER - PLUS, INC.

Principal Place of Business

**1130 N.W. 124 AVE.
 PLANTATION FL 33323**

Mailing Address

**1130 N.W. 124 AVE.
 PLANTATION FL 33323**

2. Principal Place of Business

2541 ARAGON BLVD.

3. Mailing Address

2541 ARAGON BLVD.

Suite, Apt. #, etc.

Unit 20 - 211

Suite, Apt. #, etc.

BLDG 20 - 211

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

6. Name and Address of Current Registered Agent

**SALERNO, MARIE
 1130 N.W. 124 AVE.
 PLANTATION FL 33323**

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 \$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

TITLE **P** ☐ Delete
 NAME **SALERNO, MARIE**
 STREET ADDRESS **1130 NW 124 AVE**
 CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **VP** ☐ Delete
 NAME **SALERNO, ANTHONY**
 STREET ADDRESS **1130 NW 124 AVE**
 CITY-ST-ZIP **PLANTATION FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **VP ANTHONY SALERNO**
 STREET ADDRESS **2541 ARAGON BLVD, #211**
 CITY-ST-ZIP **SUNRISE, FL 33322**

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

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

TITLE ☐ Change ☐ Addition
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 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:

Marie Salerno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

954-473-9055

Daytime Phone #

CR2E034 (10/00)