

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000061945**

1. Entity Name

PINE-APPLE ART DESIGNS, INC.**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90354 029 ***150.00

Principal Place of Business

**461 NORTHWEST 35TH STREET
OAKLAND PARK FL 33309
US**

Mailing Address

**C/O GRUBER & ASSOCIATES
1650 SOUTHEAST 17TH ST STE 301
FORT LAUDERDALE FL 33316-1735
US**

2. Principal Place of Business

3. Mailing Address

40 Mark I. Ingber, C.P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3071 Northwest 107th Avenue

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065-3626**US**4. FEI Number **65-0975644**

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****WAGNER, KATHLEEN A
461 NORTHWEST 35TH ST
OAKLAND PARK FL 33309**

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	<input type="checkbox"/> Delete
	DPST			
	WAGNER, KATHLEEN			
	461 NORTHWEST 35TH ST			
	OAKLAND PARK FL 33309			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

2/27/01
Date**954-232-5454**
Daytime Phone #

CR2E034 (10/00)