

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062334

1. Entity Name

MANDY'S BEDROOM, INCORPORATED

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-22-2000 90053 009 ***150.00

Principal Place of Business

4629 NW 97TH CT.
MIAMI FL 33178

Mailing Address

4629 NW 97TH CT.
MIAMI FL 33178-1978

2. Principal Place of Business

13911 SW 108 St.

3. Mailing Address

← Same

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

FLA

City & State

Zip

33186

Country

USA

Zip

Country

4. FEI Number

65-0960314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURTZ, RON B ESQ.
2828 CORAL WAY, SUITE 308
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name KURTZ, Ron B. ESQ

Street Address (B.O. Box Number is Not Acceptable)
2225 SW 19th Ave

City

MIAMI

FL

Zip Code

33145

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

Ron B. Kurtz, ESQ.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 28/00

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

TITLE PTD
NAME SULLIVAN, CRYSTAL F
STREET ADDRESS 4629 NW 97TH CT.
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE ~~PTD~~
NAME ~~SULLIVAN, CRYSTAL F~~
STREET ADDRESS ~~13911 SW 108 St.~~
CITY-ST-ZIP ~~MIAMI, FLA 33186~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME SULLIVAN, CRYSTAL F
STREET ADDRESS 13911 SW 108 St.
CITY-ST-ZIP MIAMI, FLA 33186 ☒ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

April 28/00 (305) 382-4491

CR2004 (9/99)