

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 043 ***150.00

0065887 AV

DOCUMENT # P99000066856

1. Entity Name
CONSIGNMENT DEPOT INC.



Principal Place of Business

11264 SW 137 AVE
MIAMI FL 33186

Mailing Address

11264 SW 137 AVE
MIAMI FL 33186

JUL100000



2. Principal Place of Business

17005 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

17005 S. Dixie Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0931326

Applied For

Not Applicable

Zip
33157

Country

Dade

Zip
33157

Country

Dade

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAVAGE, BOB
124 N.E. 19TH COURT
BUILDING B, SUITE 219
FORT LAUDERDALE FL 33305-1046

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bob Savage

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FELTON, CATHY
29107 SW 186 AVE
MIAMI FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ZEBOLD, MICHAEL
29107 SW 186 AVE
MIAMI FL 33030

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
FELTON, HAROLD E JR.
29107 S.W. 186TH AVENUE
MIAMI FL 33030

☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy Felton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03
Date

305-232-0304
Daytime Phone #

CR2E034 (4/03)

9/9/03.

Attachment#
90156656
D9906006886

To Whom it May Concern:

I would like to have the late fee
waived on filing fees.

The reason not mailed on time is
due to change in Business Address
we did not receive report. If you
have any questions please contact
me at 305-232-0304

Sincerely,
Cathy Felton
CATHY FELTON PA.