2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075549

1. Entity Name

LAMPS, SHADES, ETC. OF MARGATE, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90173 002 ***150.00

Principal Place of Business	Mailing Address
5402 W ATLANTIC BLVD MARGATE FL 33063	5402 W ATLANTIC BLVD MARGATE FL 33063-5209

DO NOT WRITE IN THIS SPACE

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 65-0943907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPEPORT, ANDREW
1221 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name: Bill Bateskas
Street Address (P.O. Box Number is Not Acceptable): 12 Mayfield Way
City: Boynton Beach **FL** Zip Code: 33426

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] 07-06-00
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		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BATESKAS, BILL		NAME		
STREET ADDRESS	5402 W ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 07-06-00 954-971-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DH#99WW0755549
D0692419

To whom it may
Concern,

This is a new company
and I never recieved this
Document until now.
I had called several times
to report above.
I was told that when
I recieved letter. 1) to fill
out. 2) send check for $150. 3) write
letter stating same.

Thank You