

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000079258

1. Entity Name

SIGNS, SIGNS, SIGNS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-13-2000 90030 024 ***150.00

Principal Place of Business Mailing Address
 2101 CORPORATE BLVD., N.W., SUITE 300 2101 CORPORATE BLVD., N.W., SUITE 300
 BOCA RATON FL 33431 BOCA RATON FL 33431-7343

2. Principal Place of Business 3. Mailing Address
 720 NE 77th St P.O. Box 812649
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Boca Raton, FL Boca Raton, FL
 Zip Zip
 33487 33481
 Country Country
 USA USA

4. FEI Number Applied For
 22-3098734 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCHNER, MITCHELL B ESQ.
 % MANDEL, WEISMAN & KIRSCHNER, P.A.
 2101 CORPORATE BLVD., N.W., SUITE 300
 BOCA RATON FL 33431

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, 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 PD
 NAME BIRBRAIR, SERGEY
 STREET ADDRESS 2101 CORPORATE BLVD., N.W., SUITE 300
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS P.O. Box 812649
 CITY-ST-ZIP Boca Raton, FL 33481

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000 561-483-1137
 Date Daytime Phone #

CR2E034 (9/99)