

2000 UNIFORM BUSINESS REPORT (UBR)

5/7.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-07-2000 90026 003 ***150.00

DOCUMENT # P99000100296

1. Entity Name

BABYLON TATTOO, INC.

Principal Place of Business

Mailing Address

831-B N FEDERAL HWY
 FT LAUDERDALE FL 33305

831-B N FEDERAL HWY
 FT LAUDERDALE FL 33304-2712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33304 USA

4. FEI Number

APPLIED FOR

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

COIRO, JOHN
2003 NE 4 AVE
WILTON MANOR FL 33305

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

John V. Coiro

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: ~~President~~
 NAME: ~~Wojcik, Filipovich~~
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Delete

TITLE: ~~Vice Pres~~
 NAME: ~~John V. Coiro~~
 STREET ADDRESS: ~~2003 WE 4 Ave~~
 CITY-ST-ZIP: ~~WILTON MANORS FL 33305~~

☐ Delete

TITLE: ~~Secretary~~
 NAME: ~~TARALYN COIRO~~
 STREET ADDRESS: ~~2003 WE 4 Ave~~
 CITY-ST-ZIP: ~~WILTON MANORS FL 33305~~

☐ 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: **VICE PRES**
 NAME: **JOHN V. COIRO**
 STREET ADDRESS: **2003 WE 4 Ave**
 CITY-ST-ZIP: **WILTON MANORS FL 33305**

☐ 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)