

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0145837 AV

DOCUMENT # P99000102909

1. Entity Name
O'BAYBEE CORP.

03-05-2002 90047 008 ***150.00

Principal Place of Business
2419 GRANT STREET
HOLLYWOOD FL 33020

Mailing Address
2419 GRANT STREET
HOLLYWOOD FL 33020

00036943



2. Principal Place of Business

3. Mailing Address

N/A
 Suite, Apt. #, etc.

2419 Grant St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Hollywood, FL

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

Zip Country

Zip Country
33020 Broward

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

IACOVONE, CONCETTA M
2419 GRANT STREET
HOLLYWOOD FL 33020

Name **N/A**

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P IACOVONE, CONCETTA 2419 GRANT STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Concetta Iacovone**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/02 **(954) 929 5025**
 Date Daytime Phone #

CR2E034 (9/01)