

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
 09-13-2000 90016 009 ***550.00

DOCUMENT # S20256

1. Entity Name

COSTUME WORLD THEATRICAL CENTER, INC.

Principal Place of Business

2200 N.W. 32ND STREET
 SUITE 1300
 POMPANO BEACH FL 33069

Mailing Address

2200 N.W. 32ND STREET
 SUITE 1300
 POMPANO BEACH FL 33069

2. Principal Place of Business

950 S. FEDERAL

Suite, Apt. #, etc.

3. Mailing Address

950 S. FEDERAL

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

33441

BROWARD

City & State

Deerfield Bch FL

33441

BROWARD

4. FEI Number

65-0232987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WICK, MARILYNN A
2200 N.W. 32ND STREET
SUITE 1300
POMPANO BEACH FL 33069

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PDS** ☐ Delete
 NAME **WICK, MARILYNN A**
 STREET ADDRESS **2200 N.W. 32ND STREET - SUITE 1300**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VP** ☐ Delete
 NAME **WICK, KIMBERLY**
 STREET ADDRESS **2200 N.W. 32ND ST., SUITE 1300**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
 NAME
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 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
 CITY-ST-ZIP

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

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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:

MARILYNN A WICK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/00 **954-418-0308**
 Date Daytime Phone #

CR2E034 (5/00)