

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90013 039 ***150.00

DOCUMENT # S20256

1. Entity Name

COSTUME WORLD THEATRICAL CENTER, INC.

Principal Place of Business

**950 S FEDERAL
DEERFIELD BEACH FL 33441**

Mailing Address

**950 S FEDERAL
DEERFIELD BEACH FL 33441**

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 **65-0232987**

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

**WICK, MARILYNN A
2200 N.W. 32ND STREET
SUITE 1300
POMPANO BEACH FL 33069****WICK, MARILYNN A
950 S. FEDERAL HWY
DEERFIELD BEACH FL 33441**

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, 2001 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	PDS	<input type="checkbox"/> Delete
NAME	WICK, MARILYNN A	
STREET ADDRESS	2200 N.W. 32ND STREET - SUITE 1300	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	PDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK, MARILYNN A	
STREET ADDRESS	950 S. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD Bch 33441	

TITLE	VP	<input type="checkbox"/> Delete
NAME	WICK, KIMBERLY	
STREET ADDRESS	2200 N.W. 32ND ST., SUITE 1300	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK, KIMBERLY	
STREET ADDRESS	950 S. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD Bch, FL 33441	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 954-418-0308

CR2E034 (10/00)