

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S41150**

1. Entity Name

THE RAG SHOP/WEST BOCA RATON, INC.

FILED S41150
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 10 PM 12:52

Principal Place of Business

WEST BOCA SQUARE
21709 ST RD #7
BOCA RATON FL 33420
US

Mailing Address

THE RAG SHOP/WEST BOCA RATON INC
111 WAGARAW RD
HAWTHORNE NJ 07506
US

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 **58-1866313**

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

PRENTICE HALL CORPORATION SYSTEM
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 amending)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
CD	BERENZWEIG, STANLEY	111 WAGARAW RD. RAG SHOP	HAWTHORNE NJ	☐
S	BERENZWEIG, DORIS	111 WAGARAW RD. RAG SHOP	HAWTHORNE NJ	☐
V	LOMBARDO, JUDITH	111 WAGARAW RD. RAG SHOP	HAWTHORNE NJ	☐
V	BERENZWEIG, EVAN	111 WAGARAW RD. RAG SHOP	HAWTHORNE NJ	☐
VTD	BARNETT, STEVEN	111 WAGARAW RD. RAG SHOP	HAWTHORNE NJ	☐
PD	AARONSON, MICHAEL	111 WAGARAW ROAD RAG SHOP	HAWTHORNE NJ	☒

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:

J.O. Emanuel COB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

973-4231303

Daytime Phone

CR2004 (10/00)

SP