

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 004 ***150.00

DOCUMENT # **S 48687**

1. Entity Name

Masquerade Costumes, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4466 N. University Dr

Suite, Apt. #, etc.

3. Mailing Address

4466 N. University Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lauderhill FL

Zip **33381**

Country **USA**

City & State

Lauderhill FL

Zip **33351**

Country **USA**

4. FEI Number

65-0259185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

David J. Simon

Street Address (P.O. Box Number is Not Acceptable)

3854 Sheridan St

City

Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD

NAME

Indee L. Rapp

STREET ADDRESS

4466 N. University Dr.

CITY - ST - ZIP

Lauderhill FL 33351

TITLE

STD

NAME

Leonard B. Rapp

STREET ADDRESS

4466 N. University Dr.

CITY - ST - ZIP

Lauderhill FL 33381

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Indee L. Rapp

4/25/02

(954) 748-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**