

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83675

1. Entity Name

CONDOTTI SHOPS USA, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90032 003 \*\*\*158.75

Principal Place of Business

Mailing Address

12801 W SUNRISE BLVD  
327  
SUNRISE FL 33323

9700 COLLINS AVENUE  
#125  
BAL HARBOUR FL 33154-2200

2. Principal Place of Business

9700 COLLINS AVE.

3. Mailing Address

9700 COLLINS AVE.

Suite, Apt. #, etc.

# 303

Suite, Apt. #, etc.

# 303

City & State

BAL HARBOUR

City & State

BAL HARBOUR

Zip

33154

Country

USA.

Zip

33154

Country

USA

4. FEI Number

65-0291367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUBER, IRWIN  
9700 COLLINS AVE 303  
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name

TAUBER, IRWIN

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

9700 COLLINS AVENUE, SUITE 303

City

BAL HARBOUR

FL

Zip Code

33154

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

3/27/00

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, 2000 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

TITLE PSD  
NAME TAUBER, IRWIN ☒ Delete  
STREET ADDRESS 9700 COLLINS AVE., #125  
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME TAUBER, IRWIN ☒ Change ☐ Addition  
STREET ADDRESS 9700 COLLINS AVENUE, SUITE 303  
CITY-ST-ZIP BAL HARBOUR, FL 33154

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

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

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

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

TITLE ☐ Change ☐ 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 #

3/27/00 (305) 861-8181

CR2E034 (9/99)