

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90082

1. Entity Name

THE RAG SHOP/HOLLYWOOD, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91062 001 *3,000.00

Principal Place of Business

Mailing Address

111 WAGARAW RD
HAWTHORNE NJ 07506-2711
US

THE RAG SHOP/HOLLYWOOD, INC.
111 WAGARAW RD
HAWTHORNE NJ 07506-2720
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

65-0292585

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BERENZWEIG, STANLEY	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	
CITY-ST-ZIP	HAWTHORNE NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERENZWEIG, DORIS	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	
CITY-ST-ZIP	HAWTHORNE NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOMBARDO, JUDITH	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	
CITY-ST-ZIP	HAWTHORNE NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERENZWEIG, EVAN	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	
CITY-ST-ZIP	HAWTHORNE NJ	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BARNETT, STEVEN	
STREET ADDRESS	111 WAGARAW RD. RAG SHOP	
CITY-ST-ZIP	HAWTHORNE NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AARONSON, MICHAEL	
STREET ADDRESS	111 WAGARAW ROAD RAGSHOP	
CITY-ST-ZIP	HAWTHORNE NJ	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Michael Aaronson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/00

973-423-1303

CR2E034 (9/99)