2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$91607 May 17, 2000 8:00 am Secretary of State THE RAG SHOP/OCALA, INC. 05-17-2000 91062 001 *3,000.00 Principal Place of Business Mailing Address OCALA SHOPPING CTR TH RAG SHOP/OCALA INC. 2019 E SILVER SPRINGS BLVD 111 WAGARAW RD OCALA FL 34470 HAWTHORNE NJ 07506-2720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3095357 Not Applicable Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete BERENZWEIG, STANLEY NAME NAME STREET ADDRESS 111 WAGARAW RD. RAG SHOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ Change ☐ Addition TITLE TITLE ☐ Delete BERENZWEIG, DORIS NAME NAME 111 WAGARAW RD. RAG SHOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LOMBARDO, JUDITH NAME STREET ADDRESS 111 WAGARAW RD. RAG SHOP STREET ADDRESS CITY-ST-7IP HAWTHORNE NJ CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE BERENZWEIG, EVAN NAME NAME 111 WAGARAW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ ☐ Change ☐ Addition TITLE Delete TITLE BARNETT, STEVEN NAME 111 WAGARAW RD. RAG SHOP STREET ADDRESS STREET ADDRESS HAWTHORNE NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete AARONSON, MICHAEL NAME NAME STREET ADDRESS 111 WAGARAW ROAD RAG SHOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NJ

3. 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 ON BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

973-423-1303

Daytime Phone #

FILED