

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91607

1. Entity Name

THE RAG SHOP/OCALA, INC.

(L)

FILED S91607
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 10 PM 12:54

Principal Place of Business
OCALA SHOPPING CTR
2019 E SILVER SPRINGS BLVD
OCALA FL 34470
US

Mailing Address
TH RAG SHOP/OCALA INC.
111 WAGARAW RD
HAWTHORNE NJ 07508
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 59-3085357

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
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 reappointing)

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 \$350.00
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 ☐ Delete
NAME BERENZWEIG, STANLEY
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE NJ

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

TITLE S ☐ Delete
NAME BERENZWEIG, DORIS
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE NJ

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

TITLE V ☐ Delete
NAME LOMBARDO, JUDITH
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE NJ

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

TITLE V ☐ Delete
NAME BERENZWEIG, EVAN
STREET ADDRESS 111 WAGARAW ROAD
CITY-ST-ZIP HAWTHORNE NJ

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

TITLE VTD ☐ Delete
NAME BARNETT, STEVEN
STREET ADDRESS 111 WAGARAW RD. RAG SHOP
CITY-ST-ZIP HAWTHORNE NJ

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

TITLE PD ☒ Delete
NAME AARONSON, MICHAEL
STREET ADDRESS 111 WAGARAW ROAD RAG SHOP
CITY-ST-ZIP HAWTHORNE NJ

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

SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. J. Kugel Cfo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

473-423-1303

Daytime Phone

CR2E034 (10/00)