

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V 66813

1. Entity Name

TRADITIONS WORKSHOP INC

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90099 033 ***150.00

Principal Place of Business

Mailing Address

110 GLOUCESTER ST.
BOCA RATON, FL. 33487

00055768

2. Principal Place of Business

110 Gloucester St

3. Mailing Address

2200 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 229C

City & State
Boca Raton FL

City & State
BOCA RATON FL

4. FEI Number
65-0361067

Applied For
Not Applicable

Zip
33487

Country

Zip
33431

Country

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
HAYDEE KASMAN

Street Address (P.O. Box Number is Not Acceptable)
90 MERNAN & ASSOCIATES INC

2200 N. FEDERAL HWY SUITE 229C

City
BOCA RATON FL Zip Code
33431

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 NAME STREET ADDRESS CITY-ST-ZIP	HAYDEE KASMAN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYDEE KASMAN 110 GLOUCESTER ST. BOCA RATON, FL. 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-25-2000

Date

Daytime Phone #

CR2E034 (9/99)