

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

0326106

**DOCUMENT # V67735**

1. Entity Name

**DAVIDOFF STUDIOS, INC.**

04-09-2001 90028 035 \*\*\*150.00

Principal Place of Business

**220 SUNRISE AVE.  
 SUITE A  
 PALM BEACH FL 33480**

Mailing Address

**220 SUNRISE AVE.  
 SUITE A  
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

*223 Sunset Ave*

*223 Sunset Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*250*

*250*

City & State

City & State

*Palm Beach, FL*

*Palm Beach, FL*

Zip

Zip

*33480*

*33480*

*Palm Beach*

*Palm Beach*

6. Name and Address of Current Registered Agent

**MOSCH, GLORIA  
 220 SUNRISE AVE.  
 SUITE A  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

*Gloria Mosch*

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

*223 Sunset Ave*

*Suite 250*

City

*Palm Beach*

FL

Zip Code

*33480*

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

*Sara Davidoff*

*SARA DAVIDOFF*

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIDOFF, ROBERT</b>	
STREET ADDRESS	<b>220 SUNRISE AVE., #A</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIDOFF, SARA</b>	
STREET ADDRESS	<b>220 SUNRISE AVE., #A</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
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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:

*Sara Davidoff*

*SARA DAVIDOFF*

*4/6/01*

*561-655-1164*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)