2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am § Secretary of State DOCUMENT # 514443 1. Entity Name 05-03-2002 90171 003 ***150.00 FORT LAUDERDALE TRANSFER, INC. Principal Place of Business Mailing Address 4701 SOUTHWEST 367H ST. 4701 SOUTHWEST 36TH ST. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1511897 Not Applicable Zip Country Zip Country **\$8.75** Additional - - - + ے د Certificate of Status Desired - د 🚅 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOROSY, THEODORE E. Street Address (P.O. Box Number is Not Acceptable) 4701 SOUTHWEST 36TH ST. FT. LAUDERDALE FL 33314 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME DOROSY, THEODORE E. NAME STREET ADDRESS 4701 S.W. 36TH ST. STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DOROSY, KATHLEEN M NAME STREET ADDRESS 4701 S W 36TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ET, LAUDERDALE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

with all other like empowered.

FILED