

DOCUMENT # J41467

1. Entity Name

2065 N.E. 151ST STREET CORPORATION

Principal Place of Business

% HOWARD SKLAR
P.O. BOX 280
FLAGLER BEACH FL 32136
US

Mailing Address

% HOWARD SKLAR
P.O. BOX 280
FLAGLER BEACH FL 32136
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

NOT APPLICABLE

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

SKLAR, HOWARD

8400 JOHN ANDERSON DR

ORMOND BEACH FL 32178

3231 N. OCEANSHORE BLVD

FLAGLER BEACH FL 32136

Name

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

HOWARD SKLAR

3231 N. OCEANSHORE BLVD

City FLAGLER BEACH

FL

Zip Code 32136

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

Howard Sklar President

4-27-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: No 2 signed Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements 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	P	☐ Delete
NAME	SKLAR, HOWARD	
STREET ADDRESS	8400 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL 32178	
TITLE	SKLAR, HOWARD	☐ Delete
NAME	3231 N. OCEANSHORE BLVD	
STREET ADDRESS	FLAGLER BEACH FL 32136	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☐ Change ☐ Addition
NAME	MAKING	
STREET ADDRESS	ADDRESS	
CITY-ST-ZIP		
TITLE	HOWARD SKLAR	☐ Change ☐ Addition
NAME	3231 N. OCEANSHORE	
STREET ADDRESS	BLVD	
CITY-ST-ZIP		
TITLE	FLAGLER BEACH FL	☐ Change ☐ Addition
NAME	32136	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for an 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:

Howard Sklar President 4-27-01 4454081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-10-2001 90207 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)