

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 180523

1. Entity Name

CURCIE BROTHERS, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90044 025 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1918 HARRISON ST.
114
HOLLYWOOD FL 33020
US

Mailing Address
P.O. BOX 248
BOX 248
HALLANDALE FL 33008-0248
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0721777

Applied For

Not-Applicable

Zip

Country

Zip

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

SCHWIND, GEORGE
500 AUSTRALIAN AVENUE, S.
SUITE #600
W. PALM BEACH FL 33401

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 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 PD
NAME CURCIE, NADINE
STREET ADDRESS 1918 HARRISON STREET, SUITE #114
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME MASHAMESH, PATSEY E.
STREET ADDRESS 1918 HARRISON ST. #114
CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME CURCIE, JOSEPH E
STREET ADDRESS 676 PALM COURT
CITY-ST-ZIP GOODLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME CURCIE, ROSE MARY
STREET ADDRESS 1970 SOUTH PARK ROAD
CITY-ST-ZIP PEMBROKE PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HILL, MICHAEL W.
STREET ADDRESS 900 E. ATLANTIC AVE. #13
CITY-ST-ZIP DELLRAY BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ENGLAND, CONNIE
STREET ADDRESS 1326 LAKECREST DR.
CITY-ST-ZIP NORMAN OK

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

NADINE CURCIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 923-6484