

2000 UNIFORM BUSINESS REPORT (UBR)

0296600

DOCUMENT # 238743

1. Entity Name

7TH STREET CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 12:51

Principal Place of Business

Mailing Address

2841 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

2841 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309-1705

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 65-0144961

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASTNER, JEFFREY D
2841 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

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 CD
NAME FLANIGAN, JOSEPH G
STREET ADDRESS 2841 CYPRESS CREEK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003255301
-05/17/00-01018-003
***4205.00 ***150.00

TITLE VD
NAME PATTON, WILLIAM
STREET ADDRESS 2841 CYPRESS CREEK ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH G. FLANIGAN

Date

Daytime Phone #

4-17-00 (954) 974-9003

CR2E034 (9/99)