

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256952

1. Entity Name

MISTEPEER, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90084 020 \*\*\*150.00

Principal Place of Business

Mailing Address

1205 NORTH NORTHLAKE DRIVE  
HOLLYWOOD FL 33019

1205 NORTH NORTHLAKE DRIVE  
HOLLYWOOD FL 33019-1113

335 64, Street

2. Principal Place of Business

900 N. NORTHLAKE DR.

3. Mailing Address

900 N. NORTHLAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FLA

City & State

Hollywood, FLA

4. FEI Number

65-0121431

Applied For

Not Applicable

Zip

33019

Country

FLORIDA

Zip

33019

Country

FLORIDA

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

ROSEN, RONALD  
4000 HOLLYWOOD BLVD.  
STE. 725 SOUTH  
HOLLYWOOD FL 33021

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	PST	<input type="checkbox"/> Delete
NAME	SCHERMAN, RUTH	
STREET ADDRESS	1205 N. NORTHLAKE DR - 900 N. NORTHLAKE DR	
CITY-ST-ZIP	HOLLYWOOD FL, 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERMAN, RUTH	
STREET ADDRESS	1205 N. NORTHLAKE DR	
CITY-ST-ZIP	HOLLYWOOD FL, 33019	
TITLE		<input type="checkbox"/> Delete
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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: Ruth Scherman DATE: 1/10/00 954-920 4842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)