## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 421497**

Zip

COLLINS, CHARLES

POMPANO BEACH FL 33062

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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

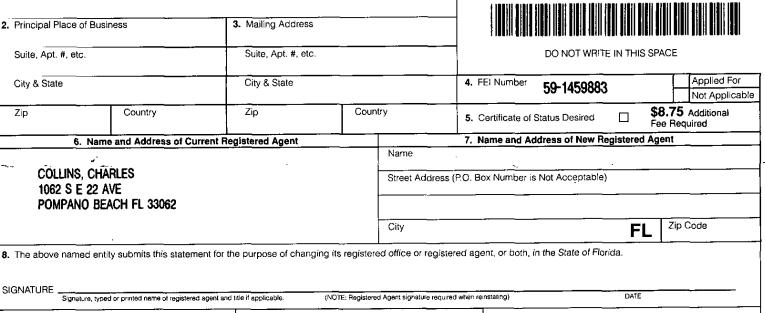
1062 S E 22 AVE

1. Linkly Mario						
FILTERED PRODUCTS INC.						
Principal Place of Business	Mailing Address					
707 N.W. 6TH AVE FORT LADERDALE FL 33311-7331	707 N.W. 6TH AVE FORT LADERDALE FL 33311-7331					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

6. Name and Address of Current Registered Agent

## FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90068 023 \*\*\*550.00



10. Election Campaign Financing

Trust Fund Contribution.

(See criter	ria on back)	ا ليا	Make Check Payable	to Department	of State				
11.	OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, MOLLY 1062 SE 22 AVENUE POMPANO BCH FL		<b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANI 410 S POME	A Colli W 18 PANO B	or Ch, Florida	Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, MONROE 410 SW 18 CT POMPANO BCH FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, MONROE 410 SW 18 CT POMPANO BCH FL		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				□ Change	☐ Addition }

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

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.

\$5.00 May Be

Added to Fees