

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90130 046 ***150.00

DOCUMENT # 564488

1. Entity Name

FEHLHABER CORPORATION

Principal Place of Business

Mailing Address

2020 W MCNAB ROAD
 FT LAUDERDALE FL 33309

2020 W MCNAB ROAD
 FT LAUDERDALE FL 33309-1000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-1493240**

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

FEHLHABER, ROBERT F
2020 W MCNAB 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	PST	<input type="checkbox"/> Delete
NAME	FEHLHABER, ROBERT F	
STREET ADDRESS	2020 W. MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEHLHABER, ROBERT F.	
STREET ADDRESS	2020 W. MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	EATON, LILA A.	
STREET ADDRESS	2020 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FEHLHABER, JULIANA	
STREET ADDRESS	2020 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, THOMAS M	
STREET ADDRESS	1300 N FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASS, SPENCER L.	
STREET ADDRESS	2020 W MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juliana Fehlhaber *Juliana Fehlhaber* *2/8/2000* *954-971-387*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #