

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564950

1. Entity Name

FISHERMAN'S WHARF OF POMPANO BEACH, INC.

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

05-24-2000 90055 001 ***150.00

Principal Place of Business

222 POMPANO BEACH BOULEVARD
POMPANO BEACH FL 33062

Mailing Address

222 POMPANO BEACH BOULEVARD
POMPANO BEACH FL 33062-5100

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 **59-1788083**

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

~~FISHERMAN KUTUN~~
222 POMPANO BCH BLVD.
POMPANO BCH, FL 33062

Name

Kasden, Paul

Street Address (P.O. Box Number is Not Acceptable)

222 POMPANO BCH BLVD

POMPANO BCH

City

FL

Zip Code
33062

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

APR 30 2000

Signature typed or printed name of registered agent and state 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 ☐ Delete
NAME **VP**
STREET ADDRESS **KASDEN, PAUL**
CITY-ST-ZIP **3215 KAREN DRIVE**
DEL RAY BEACH FL

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROSENBERG, CARL**
CITY-ST-ZIP **222 POMPANO BCH BLVD**
POMPANO BCH, FL 00000 33062

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 2000

Date

(954) 941-5522

Daytime Phone #

CR2E034 (9/99)