

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 619626

1. Entity Name

SAMCRIS MANAGEMENT, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90006 010 ***150.00

Principal Place of Business

Mailing Address

% SAMUELS
21525 LAGUNA DRIVE
BOCA RATON FL 33433-2348

% SAMUELS
21525 LAGUNA DRIVE
BOCA RATON FL 33433-2348

2. Principal Place of Business

3. Mailing Address

do SAMUELS

Suite, Apt. #, etc.

11340 HERON BAY BLVD

Suite, Apt. #, etc.

Coral Springs, FL

Coral Springs, FL

Zip 33076

Country

BROWARD

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1912569

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

SAMUELS, KIP
21525 LAGUNA DR
BOCA RATON FL 33433

new address above

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SAMUELS, KIP
21525 LAGUNA DR
BOCA RATON FL 33433
☐ Delete
new address above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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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:

KIP SAMUELS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00