

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 621689**

1. Entity Name

FILIGREE WIDESLAB OF FLORIDA, INC.

Principal Place of Business

**3501 S.W. 46TH AVE
FT. LAUDERDALE FL 33314**

Mailing Address

**3501 S.W. 46TH AVE
FT. LAUDERDALE FL 33314**

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 **59-1902890**

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

**GLICKMAN, GARRY M
1601 FORUM PLACE
SUITE 1101
WEST PALM BEACH FL 33401**

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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	FAIRBROTHER, ROBERT	2464 NW 64TH ST BOCA RATON FL 33496	<input type="checkbox"/>					<input type="checkbox"/>
	V	FAIRBROTHER, BRET R	2464 NW 64TH ST BOCA RATON FL	<input type="checkbox"/>					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P	FAIRBROTHER, ROBERT	2464 N.W. 64TH ST BOCA RATON FL	<input type="checkbox"/>					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BY: *Bret R. Fairbrother*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BY: **BRET R. FAIRBROTHER**

4-12-01 (954) 791-8200

**FILED
Apr 19, 2001 8:00 am
Secretary of State**

04-19-2001 90101 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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