

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623596

1. Entity Name
ANGELO DUNDEE, INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 040 ***150.00

Principal Place of Business
~~450 N PARK RD~~
~~SUITE 800~~
~~HOLLYWOOD FL 33021~~
~~US~~

Mailing Address
~~450 N PARK RD~~
~~SUITE 800~~
~~HOLLYWOOD FL 33021~~
US



2. Principal Place of Business
Box 267067
Suite, Apt. #, etc.
1487 CAMELLIA CIR

3. Mailing Address
Box 267067
Suite, Apt. #, etc.
1487 CAMELLIA CIR

DO NOT WRITE IN THIS SPACE

City & State
WESTON FL

City & State
WESTON FL

4. FEI Number 59-1909678
Applied For
Not Applicable

Zip 33326 Country USA

Zip 33326 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUNDEE, ANGELO
~~450 N PARK RD~~
~~SUITE 800~~
~~HOLLYWOOD FL 33021~~
1487 CAMELLIA CIR
Box 267067
WESTON FL 33326

7. Name and Address of New Registered Agent
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 _____ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNDEE, ANGELO 1487 CAMELLIA CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNDEE, HELEN M. 1487 CAMELLIA CIRCLE WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Angelo Dundee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #