

2003
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 019 ***150.00

DOCUMENT # 711888

1. Entity Name

TAMARAC ENTERPRISES INC.

90052381

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O ELLIOT STEIN, CPA

3. Mailing Address
C/O ELLIOT STEIN, CPA

Suite, Apt. #, etc.
2131 HOLLYWOOD BLVD

Suite, Apt. #, etc.
2131 HOLLYWOOD BLVD #505

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
59-1234012

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ELLIOT D. STEIN

Street Address (P.O. Box Number is Not Acceptable)
2131 HOLLYWOOD BLVD

SUITE 505

City
HOLLYWOOD

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
WILLIAM A. MORSE
2131 HOLLYWOOD BLVD #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
ELLIOT D. STEIN
2131 HOLLYWOOD BLVD #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHERRY KALINOSKI
2131 HOLLYWOOD BLVD #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

954-920-5300

Daytime Phone #