

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90152 010 *****61.25

0047454

DOCUMENT # 723407

1. Entity Name

ENVIRON CULTURAL CENTER, INC.

Principal Place of Business

Mailing Address

**3800 ENVIRON BLVD.
 LAUDERHILL FL 33319**

**3800 ENVIRON BLVD.
 LAUDERHILL FL 33319**

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

59-1610363

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

**BECKER & POLIAKOFF P.A.
 3111 STIRLING RD
 EMERALD LAKE CORPORATE PARK
 FT LAUDERDALE FL 33312**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAGER, BURTON 7051 ENVIRON BLVD., #537 LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIRMAYER, LEO 3671 ENVIRON BLVD., #267 LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOFF, LAURENCE 7400 RADICE CT., #302 LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRENGA, NICHOLAS 3771 ENVIRON BLVD #347 LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRMAYER, LEO 3671 ENVIRON BLVD. LAUDERHILL FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)