

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826100

1. Entity Name

SCHAEFER INDUSTRIES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90033 024 ***150.00

Principal Place of Business

3390 SW 13 AVE.
FT. LAUDERDALE FL 33315

Mailing Address

3390 SW 13 AVE.
FT. LAUDERDALE FL 33315-2860

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0619492

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COKER, RICHARD G. JR.
1318 SE 2ND AVE
FT LAUDERDALE FL 33316

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 PD
NAME MASOTTI, KATHLEEN
STREET ADDRESS 3390 SW 13TH AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE STD
NAME PEREZ, JORGE SR
STREET ADDRESS 6003 C NW 31ST AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kathleen Masotti

KATHLEEN MASOTTI

4/14/00

954-522-5423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)