

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F53574**

1. Entity Name
640, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 12 AM 8:00

Principal Place of Business
**% GERALD PRICE
740 NE 167TH STREET, SUITE 102
NORTH MIAMI BEACH FL 33162**

Mailing Address
**% GERALD PRICE
P. O. BOX 821613
SOUTH FLORIDA FL 33082
US**

2. Principal Place of Business
1505 LA COSTA DRIVE WEST
Suite, Apt. #, etc.

3. Mailing Address
1505 LA COSTA DRIVE WEST
Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33027

Country
USA

Zip
33027

Country
USA

☐ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number **59-2148128**

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

**PRICE, GERALD
1505 LA COSTA DR WEST
PEMBROKE PINES FL 33027**

Name
THOMAS A. GERO, CPA

Street Address (P.O. Box Number is Not Acceptable)
**300 S. PINE ISLAND ROAD
SUITE 237**

City
PLANTATION

FL

Zip Code
33324-2631

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thomas A. Gero** **THOMAS A. GERO** **9/9/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, GERALD 1505 LA COSTA DR W PEMBROKE PINES FL	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PRICE, LINDA M 1505 LA COSTA DRIVE WEST PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023193054 09/15/03--01017--024 **150.00	<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
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

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 607, 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: **Linda M. Price** **7/17/03** **954-433-2269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0130382 AT

CR2E034 (4/03)

Linda M. Price
1505 La Costa Drive West
Pembroke Pines, Florida 33027
Phone (954) 433-2269 Fax (954) 433-1339

September 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

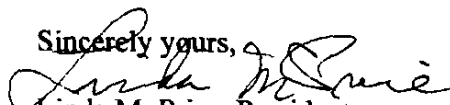
Re: 640, Inc.
F53574

To Whom It May Concern:

Please be advised that due to my husband passing away on November 8, 2002, I did not receive the first notice regarding the fees due your office. The "Second Notice" was the first time I became aware of the situation. Therefore, I respectfully request that you abate any penalties for Reasonable Cause.

Thank you so much for your kind consideration.

Sincerely yours,


Linda M. Price, President
640, Inc.