

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G69656**

1. Entity Name

THE TREE OF US, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90115 050 ***150.00

Principal Place of Business

Mailing Address

**3301 N. STATE RD 7
HOLLYWOOD FL 33021
US**

**4839 SW 148 AVE
500
DAVIE FL 33330-2129
US**

2. Principal Place of Business

3. Mailing Address

5130 SW 188 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

City & State

4. FEI Number

59-2338095

Applied For

Not Applicable

Zip

Country

Zip

Country

33332 USA

USA

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

**HARDEN, DANIEL
5130 SW 188 AVE
FT LAURDLE FL 33332**

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. ☐

**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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PS
HARDEN, JUDITH M
5130 SW 188 AVE
FT LAURDALE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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**VT
HARDEN, DANIEL
5130 S.W. 188 AVE.
FT. LAUDERDALE FL**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

954-434-1001
Daytime Phone #

CR2E034 (9/99)