

# 2001 UNIFORM BUSINESS REPORT (UBR)

0254087

**DOCUMENT # G78178**

1. Entity Name  
**FILINGS, INC.**

**FILED**  
**01 APR 30 AM 10:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311-4132**  
Mailing Address: **3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311-4132**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **59-2517007** Applied For / Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEYMAN, L**  
**3732 N.W. 16TH ST.**  
**FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE: <b>DP</b> <input type="checkbox"/> Delete	NAME: <b>HEYMAN, LESLIE</b> STREET ADDRESS: <b>3732 N.W. 16TH ST.</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>
TITLE: <b>V</b> <input type="checkbox"/> Delete	NAME: <b>HAYDEN, ROBERT</b> STREET ADDRESS: <b>3732 NW 16TH ST.</b> CITY-ST-ZIP: <b>FL. LAUDERDALE FL 33311</b>
TITLE: <b>VP/D</b> <input type="checkbox"/> Delete	NAME: <b>HEYMAN, BONNIE</b> STREET ADDRESS: <b>3732 NW 16TH ST</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33311</b>
TITLE: <b>VP</b> <input type="checkbox"/> Delete	NAME: <b>ROMAN, THERESA</b> STREET ADDRESS: <b>3732 NW 16TH ST.</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33311</b>
TITLE: <b>VP</b> <input type="checkbox"/> Delete	NAME: <b>ROMAN, BENIGNO</b> STREET ADDRESS: <b>3732 NW 16TH ST.</b> CITY-ST-ZIP: <b>FORT LAUDERDALE FL 33311</b>
TITLE: <b>V</b> <input type="checkbox"/> Delete	NAME: <b>BROWN, BRENDA</b> STREET ADDRESS: <b>3732 NW 16TH ST</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>LS</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>300004194913--9</b> STREET ADDRESS: <b>-05/11/01--01019--001</b> CITY-ST-ZIP: <b>****150.00 ****150.00</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____

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: \_\_\_\_\_ Date: **2/125/001** Daytime Phone #: **954 751-2100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)