

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91457

1. Entity Name
FORT LAUDERDALE ENTERPRISES, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90329 031 ***150.00

Principal Place of Business

Mailing Address

~~701 S.E. 6TH AVE.~~
~~DELRAY BEACH FL 33483~~
US

~~701 S.E. 6TH AVE.~~
~~DELRAY BEACH FL 33483~~
US

2. Principal Place of Business

3. Mailing Address

50 E. Sample Road

50 E. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

400

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

33064

USA

Zip

Country

33064

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

50 E. Sample Road, #400

City

Pompano Beach

FL

Zip Code

33064

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
DPS
FLORESCUE, BARRY
STREET ADDRESS
~~701 S.E. 6TH AVE.~~
CITY-ST-ZIP
~~DELRAY BEACH FL~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
50 E. Sample Road, #400
CITY-ST-ZIP
Pompano Beach, FL 33064

TITLE ☐ Delete
NAME
VP
SCHEER, DANA
STREET ADDRESS
~~701 S.E. 6TH AVE.~~
CITY-ST-ZIP
~~DELRAY BCH FL~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
50 E. Sample Road, #400
CITY-ST-ZIP
Pompano Beach, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/24/01

CR2E034 (10/00)