

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40727

1. Entity Name

MAURICE E. FELT AGENCY, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90053 041 \*\*\*150.00

Principal Place of Business

7481 W. OAKLAND PARK BLVD.  
P. O. BOX 307  
LAUDERHILL FL 33319

Mailing Address

7481 W. OAKLAND PARK BLVD.  
P. O. BOX 307  
LAUDERHILL FL 33319

2. Principal Place of Business

3800 INVERRARY BLVD

3. Mailing Address

3800 INVERRARY BLVD

Suite, Apt. #, etc.

100 H

Suite, Apt. #, etc.

100 H

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33319

Country

FLORIDA

Zip

33319

Country

FLORIDA

6. Name and Address of Current Registered Agent

FELT, MAURICE E.  
7481 W OAKLAND PK BLVD #306  
LAUDERHILL FL 33319

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FELT, MAURICE E.	
STREET ADDRESS	9450 NW 8 CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELT, JUDITH M	
STREET ADDRESS	9450 N W 8TH CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

3-27-01

Date

954 484 2461

Daytime Phone #

CR2E034 (10/00)