

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87369

1. Entity Name

LANDFALL ENTERPRISES, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90038 037 ***150.00

0259790

Principal Place of Business % MILTON BAKER 1481 S.E. 17TH ST. FT. LAUDERDALE FL 33316	Mailing Address % MILTON BAKER 1481 S.E. 17TH ST. FT. LAUDERDALE FL 33316
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C0005864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1301 RIVER REACH DR. Suite, Apt. #, etc. # 502 City & State FORT LAUDERDALE, FL Zip 33315 Country USA	3. Mailing Address P.O. Box 460340 Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL 33346 Zip 33346 Country USA
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4. FEI Number 59-2616746	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAKER, MILTON 1481 S.E. 17TH ST. P.O. Box 460340 FT. LAUDERDALE FL 33316 33346

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Milton Baker MILTON BAKER 1/10/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MILTON 1481 S.E. 17TH ST. P.O. Box 460340 FT. LAUDERDALE FL 33316 33346 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAKER, JUDITH H. 1481 S.E. 17TH ST. 1301 RIVER REACH DR. FT. LAUDERDALE FL 33315 <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judith H. Baker JUDITH H. BAKER 1/10/01 (954) 764-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)