5/1
5/
5/1

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-10-2001 90181 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11202

1. Entity Name
3818 N.W. 49TH STREET CORPORATION

Principal Place of Business	Mailing Address
% HOWARD SKLAR P.O. BOX 280 FLAGLER BEACH FL 32136 US	% HOWARD SKLAR P.O. BOX 280 FLAGLER BEACH FL 32136 US

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0024509 ☐ Applied For ☐ Not Applicable

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
SKLAR, HOWARD ~~3400 JOHN ANDERSON DR~~ ~~P.O. Box 280~~ ~~ORMOND BCH FL 32176~~ ~~FLAGLER BEACH FL 32136~~ 3231 N. OCEANSHORE BLVD FLAGLER BEACH FL 32136	Name: Sklar Howard Street Address (P.O. Box Number is Not Acceptable): PO BOX 280 City: Flagler Beach FL Zip Code 32136

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 Howard Sklar HOWARD SKLAR President 4-27-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKLAR, HOWARD ~~3400 JOHN ANDERSON DR~~ P.O. Box 280 ~~ORMOND BCH FL 32176~~ FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKLAR HOWARD 3231 N. OCEANSHORE BLVD FLAGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAILING ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Howard Sklar HOWARD SKLAR President 4-27-01 386 445-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #