

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K16834

1. Entity Name  
SOUTHERN SKATING, INC.

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90084 038 \*\*\*150.00

Principal Place of Business

2545 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304  
US

Mailing Address

2545 E SUNRISE BLVD  
SUITE 122  
FT LAUDERDALE FL 33304  
US

2. Principal Place of Business

2ND FL NE 22 CT  
Suite, Apt. #, etc.

3. Mailing Address

21101 NE 22 CT  
Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

Miami FLORIDA

Zip

Country

Zip

Country

33

4. FEI Number

65-0034603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, HARRY  
2545 E SUNRISE BLVD  
SUITE 122  
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

ALAN C GORDON

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

1320 S. DIXIE HWY

City

Suite 870

City

CONAL GABLES

FL

Zip Code

33146

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 reinstalling)

DATE

4/13/01

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 PDST  
NAME BERGER, HARRY  
STREET ADDRESS 21101 N.E. 22ND CT  
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01

954-453-0303

CR2E034 (10/00)

0244057