

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84172

1. Entity Name:

PROMOTIONS FOR PROFIT, INC.

Principal Place of Business

Mailing Address

17224 NORTHWAY CIR
BOCA RATON FL 33496

17224 NORTHWAY CIR
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

16017 Brier Creek Dr. 16017 Brier Creek Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33446

Country

U.S.A.

Zip

33446

Country

U.S.A.

4. FEI Number

65-0117268

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

KREEGER, JUDITH L.
44 W. FLAGLER ST
SUITE 1725
MIAMI FL 33130

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS FRIEDMAN, DOROTHY C 17224 NORTHWAY CIRCLE BOCA RATON FL <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
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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: Dorothy C Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-01 (361)995-0603
Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90027 028 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)