

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93456

1. Entity Name

FORT LAUDERDALE COLLECTION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90075 018 ***150.00

Principal Place of Business

1616 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address

1616 E SUNRISE BLVD
FT. LAUDERDALE FL 33304-2354

2. Principal Place of Business

400 LESLIE DR. #215

Suite, Apt. #, etc.

3. Mailing Address

400 LESLIE DR #215

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

Country

33009

Zip

Country

33009

4. FEI Number

65-0124074

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

GORDON, MICHAEL
1616 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Name

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

400 LESLIE DR #215

City

HALLANDALE

FL

Zip Code

33009

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.

MICHAEL GORDON

(NOTE: Registered Agent signature required when reinstating)

2/7/2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GORDON, MICHAEL	
STREET ADDRESS	400 LESLIE DR #1105	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORDON, CINDY	
STREET ADDRESS	400 LESLIE DR #1105	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 LESLIE DR #215
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 LESLIE DR #215
CITY-ST-ZIP	HALLANDALE FL 33009
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: X

SIGNATURE REQUIRED

MICHAEL GORDON

2/7/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)