

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35820

1. Entity Name

IRVING GEDULDIG INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90051 009 ***150.00

Principal Place of Business

Mailing Address

1000 HOLLAND DR
11
BOCA RATON FL 33487
US

9901 ARBOR VIEW DR S
1000 HOLLAND DR. SUITE 11
BOYNTON BEACH FL 33437-5934
US

2. Principal Place of Business

3. Mailing Address

1000 HOLLAND DR.

9901 ARBOR VIEW DR S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL.

BOYNTON BEACH, FL.

4. FEI Number

65-0163514

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

33437

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

GEDULDIG, IRVING
1000 HOLLAND DR
SUITE 11
BOCA RATON FL 33487

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, 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 ☐ Delete
NAME D
STREET ADDRESS GEDULDIG, IRVING
CITY-ST-ZIP 1000 HOLLAND DR, #11
BOCA RATON FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GEDULDIG, ARLINE
CITY-ST-ZIP 1000 HOLLAND DR, #11
BOCA RATON FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

ARLINE GEDULDIG

Date

Daytime Phone #

1-6-2000-561-733-6524