

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55549

1. Entity Name

FLORIDA FINANCIAL HOLDING CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90028 009 ***150.00

Principal Place of Business

Mailing Address

1177 SE THIRD AVE
FT LAUDERDALE FL 33316

1177 SE THIRD AVE
FT LAUDERDALE FL 33316-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0195310

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERLOFF, JOHN W.
1177 SE THIRD AVE
FT LAUDERDALE FL 33316

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 DP
BARKER, ART
STREET ADDRESS 1313 S. ANDREWS AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME VSD
PERLOFF, CYNTHIA L.
STREET ADDRESS 1177 SE 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME T
BARKER, SHELLY
STREET ADDRESS 1313 S. ANDREWS AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 #

CR2E034 (9/99)