

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 022 ***150.00

DOCUMENT # L78614

1. Entity Name
WILDLIFE ADVENTURES, INC.

Principal Place of Business
3804 LOWSON BLVD
DELRAY BEACH FL 33445

Mailing Address
3804 LOWSON BLVD
DELRAY BEACH FL 33445



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

65-0201224

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

JONES, H. EDWARD, C.P.A.
3230 WEST COMMERCIAL BLVD., SUITE 150
FT. LAUDERDALE FL 33309

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00.
After September 13, 2002 Fee will be \$750.00
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
☐ Delete

P
APPELBAUM, MICHAEL
3804 LOWSON BLVD
DELRAY BEACH FL 33445

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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]

9/10/02

581-573-2867

CR2E034 (4/02)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDAPRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Arthur MIDDLE: Appelbaum LAST: Appelbaum		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) May 27, 2002		4. SOCIAL SECURITY NUMBER 104-14-9679	
5. DATE OF BIRTH (Month, Day, Year) August 2, 1915		6. AGE - Last Birthday (Years) 86	
7. BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient ER/Outpatient OOA OTHER: Nursing Home X Residence Other (Specify)		9b. INSIDE CITY LIMITS? (Yes or No) Yes	
9c. FACILITY NAME (If not institution, give street and number) 9450 A Poinciana Place #316		9d. CITY, TOWN, OR LOCATION OF DEATH Fort Lauderdale	
10a. DECEDENT'S USUAL OCCUPATION Owner		10b. KIND OF BUSINESS/INDUSTRY Records	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Irma Brandwein	
13a. RESIDENCE - STATE Florida		13b. COUNTY Broward	
13c. CITY, TOWN, OR LOCATION Fort Lauderdale		13d. STREET AND NUMBER 9450 A Poinciana Place #316	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)		17. FATHER'S NAME (First, Middle, Last) Hyman Appelbaum	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Wexler		19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9450 A Poinciana Pl. #316 Fort Lauderdale, FL 33324	
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) ABCO Crematory		19c. LOCATION - City or Town, State Fort Lauderdale, Florida	
20a. METHOD OF DISPOSITION Burial XX Cremation Removal from State Cremation Other (Specify)		20b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Paul Rozynes</i>	
20c. LICENSE NUMBER (of Licensee) 13717526		20d. NAME AND ADDRESS OF FACILITY Star of David Memorial Chapel 7701 Bailey Rd North Lauderdale, FL 33068	
21. DATE SIGNED (Mo, Day, Yr) 5-30-02		21a. HOUR OF DEATH 2:55	
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Paul Rozynes, M.D.		22a. DATE REGISTERED JUN 19 2002	
23. SUBREGISTRAR - SIGNATURE AND DATE <i>Donna Owens</i>		23a. DATE REGISTERED JUN 19 2002	
24. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BLADDER CANCER		24a. DATE REGISTERED JUN 19 2002	
24b. DUE TO (OR AS A CONSEQUENCE OF):		24c. DUE TO (OR AS A CONSEQUENCE OF):	
24d. DUE TO (OR AS A CONSEQUENCE OF):		24e. DUE TO (OR AS A CONSEQUENCE OF):	
25. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		25a. WAS AN AUTOPSY PERFORMED? (Yes or No) No	
25b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No		25c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	
26. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? No		26a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
26b. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		26c. DATE OF INJURY (Month, Day, Year)	
26d. TIME OF INJURY		26e. INJURY AT WORK? (Yes or No)	
26f. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		26g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Donna Owens
Deputy Chief Registrar

BY

JUN 19 2002
State Registrar

WARNING:

13717526

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564 (10-98)

VOID IF ALTERED OR ERASED



Attachment # 678277
178614
WILDLIFE ADVENTURES, INC.

3804 Lawson Blvd. • Delray Beach, FL 33445 • (561) 499-4800 • (800) 449-1221 • Fax (561) 499-1311



Florida Department of State
Division of Corporations

To Whom It May Concern:

I am writing this letter to express my circumstances regarding the filing of my UBR for Wildlife Adventures, Inc. My company is a Sub S corporation and I am the only officer and employee. The business of the company is primarily taking people on photographic safaris to Africa, generally once in June and once in August. These are the only times I am able to do this. I have been incorporated since 1990 and have done everything possible to keep the company going with hopes that it could "grow-up" sometime soon, and someday be a company of substance.

Due to the circumstances I wish to explain, the UBR was not filed this year. I am not aware of your guidelines or conditions regarding my situation, but I felt it was very necessary to explain my dilemma and hope that there might be some way you could understand my situation so that it would be possible to keep my corporation active.

My father was the sole proprietor of a business in Ft. Lauderdale, Sir Arthur Oldies, a "oldies but goodies" record store. He ran the store alone and had the business for the past 30 years here in Florida. In April he was diagnosed with bladder cancer and immediately was unable to continue working. It became necessary for me to take over the operation of his business to make enough money to pay the rent on the store while we attempted to liquidate the business. To do this it was necessary for me to cancel both trips that were scheduled for Wildlife Adventures, Inc. and to suspend all WAI activity while dealing with my father's condition and his business. It was evident that his business was most unusual and his condition made it impossible for him to be of any help in dealing with the problem. He had absolutely no insurance, his condition was rapidly worsening, my mother was frantic, and there was an non existent market for the store.

During the months that followed my attention was solely on keeping his business going enough to pay the bills. Wildlife Adventures had to be put on hold and might even have to be dissolved completely if his store could not be liquidated. My dad died on May 27, 2002 and the past 3 months have been spent dealing with closing the store, liquidating the inventory and getting out of the lease. It appears that we may finally have this task completed by September 15, however, I have been so completely consumed by these circumstances that I was unaware that the UBR was not filed. My registered agent had major changes at his business and due to my father's death on May 27 it went unnoticed until now.

Attachment 478277
L78614

I have included my check for the original filing with hopes that there is some way you can assist me in this situation. I can only hope that the extreme nature of these circumstances will allow some degree of leniency in this problem. I have included a copy of my father's death certificate to show that this was a very real issue.

Thank you very much for any assistance you can offer. If necessary I would welcome the opportunity to speak with anyone in your department if that would be any help. Again my sincere thanks.

Yours truly,

A handwritten signature in cursive script, appearing to read "Michael Appelbaum", with a long horizontal flourish extending to the right.

Michael Appelbaum
Wildlife Adventures, Inc.