

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

29000008832

1. Entity Name

THE af Petersens, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 2:24

Principal Place of Business

Mailing Address

P.O. Box 190060
MIAMI, FL 33119-0060

P.O. Box 190060
MIAMI, FL 33119-0060

2. Principal Place of Business

3. Mailing Address

PO Box 190060
Suite, Apt. #, etc.

PO Box 190060
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33119-0060

33119-0060

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

Howard L. Schwartz
2101 Corporate Blvd. Ste. 414
Boca Raton, FL 33431

Name: J.P. Spillane
Street Address (P.O. Box Number is Not Acceptable)
12788 W. Forest Hill Blvd. Ste. 2005
City: Wellington FL Zip Code: 33914

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 by printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

4/27/00

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		<input type="checkbox"/> Delete
NAME	Jan L. af Petersens MGR	
STREET ADDRESS	P.O. Box 190060	
CITY-ST-ZIP	MIAMI, FL 33119-0060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003299100--2	
STREET ADDRESS	-06/21/00--01067--002	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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) Jan L. af Petersens

Jan L. af Petersens

4/27/00

(305) 538-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #