

2000 UNIFORM BUSINESS REPORT (UBR)

02939365

DOCUMENT # M25052

1. Entity Name
SIGN/LITE, INC.

FILED

00 MAR -2 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1071 N.W. 53 STREET
FT. LAUDERDALE FL 33309
US

Mailing Address

1071 N.W. 53 STREET
FT. LAUDERDALE FL 33309-3161
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2636162**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **SPIEGEL & UTRERA, PA**
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE
City **CORAL GABLES** FL Zip Code **33134**

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera, Vice-President

Signature, by the registered agent or the new registered agent, is required when reinstating.

DATE

3/1/00

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

TITLE **DP** ☐ Delete
NAME **DAN DANIELS, E.R.**
STREET ADDRESS **211 E. PROSPECT RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1071 NW 53 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-3161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500003161275--2**
CITY-ST-ZIP **-03/07/00--01100--024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****150.00 ***150.00**
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.R. DAN DANIELS 2-23-00 954/351-9009

Date

Daytime Phone #

CR2E034 (9/99)