

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25658

1. Entity Name

HEARTWOOD 91-4 INCORPORATED

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90009 041 ***150.00

Principal Place of Business

C/O JOHN E. ABDO
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address

C/O JOHN E. ABDO
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

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 **59-2679545**

Applied For

Not Applicable

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

FURMAN, JACK A ESQ
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Name

Jarett S. Levan

Street Address (P.O. Box Number is Not Acceptable)

1750 E. Sunrise Blvd.

City

Fort Lauderdale

FL

Zip Code

33304

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ABDO, JOHN E.	
STREET ADDRESS	1750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABER, WILLIAM	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEVAN, JARETT	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)