

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M31250

1. Entity Name

NORTH DADE VENTURES INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90378 027 ***150.00

Principal Place of Business

3800 S. OCEAN DRIVE
SUITE 205
HOLLYWOOD FL 33019
US

Mailing Address

3800 S. OCEAN DRIVE
SUITE 205
HOLLYWOOD FL 33019-2915
US

2. Principal Place of Business

3800 S. Ocean Drive

3. Mailing Address

3800 S. Ocean Drive

Suite, Apt. #, etc.

Suite 216

Suite, Apt. #, etc.

Suite 216

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33019

Country

Broward

Zip

33019

Country

Broward

6. Name and Address of Current Registered Agent

ADICKMAN, ROSS
3800 S. OCEAN DRIVE
SUITE 205
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2679330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

TITLE P
NAME ADICKMAN, ROSS
STREET ADDRESS 3800 S. OCEAN DRIVE, SUITE 205
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE S
NAME FELS, JONATHAN E
STREET ADDRESS 3800 S. OCEAN DRIVE, SUITE 205
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE VP
NAME LEVY, MICHAEL
STREET ADDRESS 3800 S. OCEAN DRIVE, SUITE 205
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)