

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34262

1. Entity Name

13TH ST. PROPERTIES, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90036 050 ***150.00

Principal Place of Business

Mailing Address

DANA SCHEER
701 SE 6TH AVE
DELRAY BCH FL 33483
US

DANA SCHEER
701 SE 6TH AVE
DELRAY BCH FL 33483
US

2. Principal Place of Business

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip

Country

33064

USA

3. Mailing Address

50 E. Sample Road

Suite, Apt. #, etc.

400

City & State

Pompano Beach, FL

Zip

Country

33064

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2698857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEER, DANA
701 SE 6TH AVE
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name

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

50 E. Sample Road, #400

City

Pompano Beach

FL

Zip Code

33064

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLORESCUE, RENATE	
STREET ADDRESS	701 SE 6TH AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SCHEER, DANA	
STREET ADDRESS	701 SE 6TH AVE	
CITY-ST-ZIP	DELRAY BCH 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50 E. Sample Road, #400
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50 E. Sample Road, #400
CITY-ST-ZIP	Pompano Beach, FL 33064
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	
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:

Dana M Scheer DP DANA M SCHEER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 954 784 3031

CR2E034 (10/00)