

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90206 049 ***150.00

DOCUMENT # M97652

1. Entity Name
9544 CORPORATION

Principal Place of Business

**9585 HARDING AVE
 SURFSIDE FL 33154**

Mailing Address

**9585 HARDING AVE
 SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-0083003**

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

**PACKAR, SHARLANE K.
 9585 HARDING AVE
 SURFSIDE FL 33154**

Name

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

City

FL

Zip Code

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, 2002 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	D	☐ Delete
NAME	PACKAR, SHARLANE K	
STREET ADDRESS	9585 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	☐ Delete
NAME	BROAD, JUDITH K	
STREET ADDRESS	9585 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	☐ Delete
NAME	KAPPEL, JAMES	
STREET ADDRESS	9585 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	☐ Delete
NAME	MONTGOMERY, SALLY	
STREET ADDRESS	4855 PINETREE DR	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Sharlane K Packar

2-13-02 **305-866**
2423

Date

Daytime Phone #

CR2004 (9/01)