

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09505

1. Entity Name

PICK USERS OF FLORIDA, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90075 028 ****70.00

Principal Place of Business

Mailing Address

3803 LITTLE AVE.
COCONUT GROVE FL 33133

3803 LITTLE AVE.
COCONUT GROVE FL 33133-6412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3803 LITTLE AVE

3803 LITTLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

COCONUT

COCONUT

City & State

City & State

COCONUT GROVE, FL.

COCONUT GROVE, FL.

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0096993

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

MORRIS, JOAN H.
3803 LITTLE AVE.
COCONUT GROVE FL 33133

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHANSEN, LARRY	
STREET ADDRESS	3570 CONSUMER ST. UNIT 7	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOOTEN, PAT	
STREET ADDRESS	5255 NW 159TH ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLDSWORTH, DONNA	
STREET ADDRESS	3380 SW 11TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	POWERS, JOHN W	
STREET ADDRESS	3803 LITTLE AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BECALL, LEE	
STREET ADDRESS	1640 RIVERLAND RD	
CITY-ST-ZIP	TAMARAC FL 33312	
TITLE	EAD	<input type="checkbox"/> Delete
NAME	MORRIS, JOAN H	
STREET ADDRESS	3803 LITTLE AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL HOLLAR	
STREET ADDRESS	6201 US 41 NORTH #2222	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH SANDERS	
STREET ADDRESS	900 S.W. 11TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT HOOTEN	
STREET ADDRESS	5255 NW 159 ST	
CITY-ST-ZIP	HIALEAH, FL. 33014	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

JOAN H MORRIS

305/4485106

CR2E037 (9/99)