

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001346**

1. Entity Name

FLORIDA SPECIAL RESPONSE TEAM-A, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90124 029 ****61.25

Principal Place of Business

Mailing Address

**8000 NW 54 STREET
LAUDERHILL FL 33351****8000 NW 54 STREET
LAUDERHILL FL 33351-5069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659159

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**WOLFF, SUE C
8000 NW 54 STREET
LAUDERHILL FL 33351**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	WOLFF, EDWARD C	8000 NW 54 STREET	LAUDERHILL FL 33351	
	D			
	WOLFF, ARTHUR E	8000 NW 54 STREET	LAUDERHILL FL 33351	
	D			
	MARSHALL, JAMES	7141 S.W. 2 CT.	PEMBROKE PINES FL	
	D			
	JURGENS, STACY	4311 CRYSTAL LAKE DR	POMPANO BEACH FL 33064	
	D			
	PRASLER, DAVID	4121 NW 10TH ST	COCONUT CREEK FL 33066	
	D			
	LORBER, REED	5361 NE 17 TERRACE	FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUE C. WOLFF 1/17/2000 954-968-8789