

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006005

1. Entity Name

FLORIDAFREWAY, INC.

Principal Place of Business

751 PARK OF COMMERCE DR., SUITE 129
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DR., SUITE 129
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995785

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

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVE., FOURTH FLOOR
WEST PALM BEACH FL 33402-3188

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 reappointing)

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	President	☐ Delete
NAME	Jeffrey Pechter	
STREET ADDRESS	751 Park of Commerce Dr. #128	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE	Vice President	☐ Delete
NAME	Martin H. Pechter	
STREET ADDRESS	751 Park of Commerce Dr. #128	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE	Vice President	☐ Delete
NAME	Lisa Pechter	
STREET ADDRESS	751 Park of Commerce Dr. #128	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE	Secretary/Treasurer	☐ Delete
NAME	Stephen Black	
STREET ADDRESS	751 Park of Commerce Dr. #128	
CITY-STATE-ZIP	Boca Raton, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

561-982-7770

Daytime Phone

CR2034 (10/00)

5/1
5/1
FILED
Jul 03, 2001 8:00 am
Secretary of State

05-16-2001 90196 037 ***150.00



DO NOT WRITE IN THIS SPACE