

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91270 047 ***150.00

DOCUMENT # P00000090539

1. Entity Name
FREEDOM BAIL BOND, INC.

Principal Place of Business
FREEDOM BAIL BOND, INC.
521 S ANDREWS AVE #3
FORT LAUDERDALE FL 33301

Mailing Address
FREEDOM BAIL BOND, INC.
521 S ANDREWS AVE #3
FORT LAUDERDALE FL 33301



521 S. Andrews Ave.

521 S. Andrews Ave.

Suite, Apt. #, etc.
Suite 6

Suite, Apt. #, etc.
Suite 6

City & State
Fort Lauderdale, FL.

City & State
Fort Lauderdale, FL.

Zip
33301

Country
U.S.A

Zip
33301

Country
U.S.A

4. FEI Number **65-1043261**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Cesar M. Colon**

Street Address (P.O. Box Number is Not Acceptable)
1216 SW 118 Terrace

City **Davie, Florida**

FL Zip Code **33301**

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]*

(NOTE: Registered Agent signature required when reinstating)

4/10/02
 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

TITLE **PSTD** ☒ Delete
 NAME **COLON, CESAR M**
 STREET ADDRESS **521 S ANDREWS AVENUE STE #3**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **Colon, Cesar M.**
 STREET ADDRESS **521 S. Andrews Suite 6**
 CITY-ST-ZIP **Fort Lauderdale FL. 33301**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 954-779-3004
 Date Daytime Phone #

CR2E034 (9/01)