

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91354 049 ***150.00

DOCUMENT # P00000108979

1. Entity Name

FAMILY ENTERPRISE INVESTMENT, INC.

Principal Place of Business

Mailing Address

8301 NW 23RD AVE
MIAMI FL 33147

8301 NW 23RD AVE
MIAMI FL 33147

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

15-1056367

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

HARVEY BRANKER & ASSOCIATES
19030 NW 54TH AVENUE
MIAMI FL 33055

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RANDLE, EDDIE SR	8301 NW 23RD AVE	MIAMI FL 33147	<input type="checkbox"/>
TD	RANDLE, GAILYA	8301 NW 23RD AVE	MIAMI FL 33147	<input type="checkbox"/>
VD	RANDLE, EDDIE JR	6650 SW 25TH STREET	MIRAMAR FL 33023	<input type="checkbox"/>
SD	SAMPSON, CAROL	6650 SW 25TH STREET	MIRAMAR FL 33023	<input type="checkbox"/>
TD	HALLMAN, ANJANETTE	850 NE 207TH TERRACE	NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>
SD	JOHNSON, MAYA	960 NW 56TH STREET	MIAMI FL 33127	<input type="checkbox"/>

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

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

President

3/11/01

Date

305 835-8616

Daytime Phone #

CR2E034 (10/00)