

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000001166**1. Entity Name
FSF STRUCTURES, INC.**FILED**
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90002 017 ***550.00

AV 6/29/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12145 N.W. 35TH PLACE
SUNRISE FL 33323

Mailing Address

12145 N.W. 35TH PLACE
SUNRISE FL 33323

2. Principal Place of Business

12145 NW 35TH. PLACE

Suite, Apt. #, etc.

3. Mailing Address

12145 NW 35TH. PLACE

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

4. FEI Number

65-1066579

Applied For

Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

5. Certificate of Status Desired

☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

BERKOVITS, LAGO & COMPANY, LLP
8211 W. BROWARD BLVD.
#340
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

N/A

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D**
BEYER, LUTZ
12145 N.W. 35TH PLACE
SUNRISE FL 33323☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-10-01 (954) 605-6807

CR20034 (5/01)