

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90054 043 ***150.00

DOCUMENT # P01000049749

1. Entity Name

1429 SE 14TH ST. CORP.

Principal Place of Business

DOCKSIDE APT'S. CLOISTER DR.
 PO BOX SS6386, PARADISE ISLAND
 NASSAU, BAHAMAS

Mailing Address

DOCKSIDE APT'S. CLOISTER DR.
 PO BOX SS6386, PARADISE ISLAND
 NASSAU, BAHAMAS

46 Tyler A. Gold Esq

2. Principal Place of Business

3. Mailing Address

2651 N. Fed. Hwy

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

City & State

FT. LAUD FL

Zip

Country

Zip

33306

Country

USA

4. FEI Number

98-0359469

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

GOLD, TYLER A ESQ

2651 N. FEDERAL HWY., STE. 200

FT. LAUDERDALE FL 33306

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KUTZ, UWE
 CITY-ST-ZIP PO BOX SS6386, PARADISE ISLAND
 NASSAU, BAHAMAS

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FREY, WILLY
 CITY-ST-ZIP PO BOX SS6386, PARADISE ISLAND
 NASSAU, BAHAMAS

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)