

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056592

1. Entity Name
THRIFT HOLDINGS INC. ✓

FILED

02 AUG 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3141 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address
3141 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

2920 Paddock Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip
33331

Country

4. FEI Number

65-1131853

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

DOUGLAS, MARC
3141 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 Fee will be \$750.00
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
PD
DOUGLAS, MARC
3141 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000008018290
-09/25/02--01058--010
*****100.00 *****100.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LITTLE, ILEEN
3141 WEST HALLANDALE BEACH BLVD
HALLANDALE FL 33009 ☐ Delete

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

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☐ Delete

TITLE
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

MARC DOUGLAS
11/09/02

7/26/02 954-962-6046
Date Daytime Phone

CR2E0342/02