

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90093 014 ***150.00

DOCUMENT # P01000074381

1. Entity Name
FOREVER YOUNG VILLAS, INC.

Principal Place of Business
9051 SUNSET STRIP
SUNRISE FL 33322

Mailing Address
9051 SUNSET STRIP
SUNRISE FL 33322

2. Principal Place of Business
9051 SUNSET STRIP

3. Mailing Address
9051 SUNSET STRIP

Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

Zip
33322

Country
U.S.A

4. FEI Number
01-0619425

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SEUNERINE, JAMES
9051 SUNSET STRIP
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
SAME
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	D SEUNARINE, JAMES 9051 SUNSET STRIP SUNRISE FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James Seunarine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

928184

Attachment
Inv. # 01000074381

JAMES SEUNARINE
9051 SUNSET STRIP
SUNRISE FL 33322

Dear Sir or Madame.

Due to receiving the
2002 Business report late I
am asking you please waive
the late fees.

Enclosed is a
check for \$150.00. This will
not happen again.

Thank You
James Seunarine