2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2002 8:00 am Secretary of State

2002	UNIF	UKM	BU:	SINE 22	KEP	UKI	(VE
							

P01000074562 DOCUMENT # 04-30-2002 90127 026 ***150.00 1. Entity Name SEVEN-TWENTY ENTERPRISES, INC Principal Place of Business Mailing Address 7710 NW 38 ST 7710 NW 38 ST HOLLYWOOD FL 33024-8404 HOLLYWOOD FL 33024-8404 3. Mailing Address 2. Principal Place of Business Abov bove ame as DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. " Suite, Apt. # etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JOSUE, MARCEL F Street Address (P.O. Box Number is Not Acceptable) 7710 NW 38 ST HOLLYWOOD FL 33024-8404 Zip Code City 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 (NOTE: Registered Agent aignature required when reinstating) ed spent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back)...... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01) ☐ Change ☐ Addition TITLE ☐ Defete TITLE JOSUE, MARCEL F MARKE NAME CR2E034 STREET ADDRESS 7710 NW 38 ST STREET ADDRESS HOLLYWOOD FL 33024-8404 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE MILE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATIO TEQUIRED

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03-15-2002

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☐ Change

☐ Addition