

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-29-2002 90120 027 ***150.00

DOCUMENT # P01000109907

1. Entity Name
SUMMIT RIDGE, INC.

Principal Place of Business
100 SE 2ND STREET 17TH FLOOR
MIAMI FL 33131

Mailing Address
100 SE 2ND STREET 17TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
8362 PINES BLVD

3. Mailing Address
8362 PINES BLVD

Suite, Apt. #, etc.
#276

Suite, Apt. #, etc.
#276

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FLORIDA

4. FEI Number
80-0007449

Applied For
☐ Not Applicable

Zip
33024

Country
BROWARD

Zip
33024

Country
BROWARD

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

GORDON, HOWARD W
100 SE 2ND STREET 17TH FLOOR
MIAMI FL 33131

Name
HELEN LAVIN

Street Address (P.O. Box Number is Not Acceptable)
8362 PINES BLVD

#276

City
PEMBROKE PINES

FL

Zip Code
33024

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: *Helen Lavin*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/02

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
Helen Lavin
8362 PINES BLVD. #276, PEMBROKE PINES, FL 33024

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Helen Lavin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Lavin **954 985-9974**
 Daytime Phone #

CR2004 (9/01)