

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90160 010 ***150.00

DOCUMENT # P02000021312

1. Entity Name
U-FIX IT OF PEMBROKE PARK, INC.



Principal Place of Business
**801 SW 27TH AVE.
FORT LAUDERDALE FL 33312**

Mailing Address
**801 SW 27TH AVE.
FORT LAUDERDALE FL 33312**



2. Principal Place of Business
2690 S. PARK ROAD

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PARK, FL.

City & State

4. FEI Number
03 0431300

Applied For
Not Applicable

Zip
33009 Country
BROWARD

Zip Country

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

**CRAMMER, EDWIN L
7481 W OAKLAND PARK BLVD., SUITE 102
LAUDERHILL FL 33319**

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 *David Satzman*
Signature, typed or printed name of registered agent and title, if applicable.

DAVID SATZMAN
(NOTE: Registered Agent signature required when reinstating)

3/22/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SATZMAN, DAVID**
STREET ADDRESS **801 SW 27TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Satzman* **DAVID SATZMAN** **9547912970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/22/03** Daytime Phone #

CR2E034 (10/02)