

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91866 031 ***150.00

DOCUMENT # **PO2060125846**

1. Entity Name
North Miami Land Holdings, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
321 E Hillsboro Blvd

3. Mailing Address
321 E Hillsboro Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

4. FEI Number
Applied For

☒ Applied For
☐ Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Schocket, Jeffrey

Street Address (P.O. Box Number is Not Acceptable)
321 E Hillsboro Blvd

City
Deerfield Beach FL Zip Code
33441

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Street, Brian	321 E Hillsboro Blvd	Deerfield, FL 33441
VP	Cohen, James	321 E Hillsboro Blvd	Deerfield Beach, FL 33441
VP	Schockett, Jeffrey	321 E Hillsboro Blvd	Deerfield Beach, FL 33441

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/03

Date

(954) 418-0208

Daytime Phone #