

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000009531**

1. Entity Name

FIEGERT, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90005 018 ***150.00

Principal Place of Business

~~TWO OAKWOOD BLVD~~
~~SUITE 160~~
~~HOLLYWOOD FL 33020~~

Mailing Address

~~TWO OAKWOOD BLVD~~
~~SUITE 160~~
~~HOLLYWOOD FL 33020~~**C0005483**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5553 ANGLERS AVE.

3. Mailing Address

5553 ANGLERS AVENUE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0383949

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, M. CLAUDIA~~TWO OAKWOOD BLVD~~~~SUITE 160~~~~HOLLYWOOD FL 33020~~**5553 ANGLERS AVE.****SUITE 102****FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

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.

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 \$150.00****After MAY 1, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FIEGERT, WALTER	
STREET ADDRESS	TWO OAKWOOD BLVD SUITE 160	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	S	<input type="checkbox"/> Delete
NAME	SUAREZ, MARIA C	
STREET ADDRESS	2 OAKWOOD BLVD., STE. 160	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIEGERT, WALTER	
STREET ADDRESS	5553 ANGLERS AVE. SUITE 102	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MARIA C	
STREET ADDRESS	5553 ANGLERS AVENUE SUITE 102	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (954) 96-4473

Date

Daytime Phone #