

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90055 020 ***150.00

DOCUMENT # P93000007234

1. Entity Name
551, INC.

Principal Place of Business
**551 E. PALMETTO PARK RD.
 BOCA RATON FL 33432
 US**

Mailing Address
**3001 E OAKLAND PARK BLVD.
 FT LAUDERDALE FL 33306
 US**

CP 16550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0383030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BECK, PETER
 3001 EAST OAKLAND PARK BOULEVARD
 OAKLAND PARK FL 33306-1817**

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P BECK, PETER 3001 EAST OAKLAND PR FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 this 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 it appears on an attachment with an address, with all other like empowered.

SIGNATURE: *X Peter Beck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8-01-02 954 566 2804

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
MOORE & COMPANY

Certified Public Accountants

2318 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FLORIDA 33062

TELEPHONE: 954-786-0999
FACSIMILE: 954-786-8999

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976530

AJAY K. AGARWAL, CPA
ANTHONY B. JACARUSO, CPA

MATHEW K. MOORE, CPA (DECEASED)
JOSEPH E. POLICASTRO, CPA (RETIRED)

MEMBER

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

August 8, 2002

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314

RE: 551, Inc.
E.I.N. #65-0383030

Dear Sir or Madam:

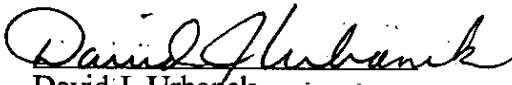
Enclosed you will find the 2002 Uniform Business Report as provided by your office. Please inspect and process that form in accordance with your procedures.

Please be advised that this is the first notice of filing that we have received for this form. In accordance with the State of Florida Statutes, we are notifying you that no prior notice has been received and we therefore respectfully request that the original fee of \$150.00 be accepted and any or all late filing fees be abated.

Thanking you in advance for your cooperation.

Very truly yours,

MOORE & COMPANY


David J. Urbanek
For the Firm