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

## DOCUMENT # P93000022799

1. Entity Name

MAURICE'S ENTERPRISES, INC.

Principal Place of Business 4601 W HALLANDALE BEACH BLVD HOLLYWOOD FL 33023

Mailing Address

7331 NW 44 COURT LAUDERHILL FL 33319

## FILED May 02, 2001 8:00 am Secretary of State

05-02-2001 90136 029 \*\*\*150.00

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS S	3PACE		
City & State		City & State	City & State		. FEI Number 65-0401521			pplied For lot Applicable	7
Zip Country		Zip	Country	5.	5. Certificate of Status Desired		\$8.75 Additional		1
	6. Name and Address of Current	Registered Agent	<del></del>		Name and Address of New Re			<del></del>	┨
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HUDSON, MAURICE			Ĺ						
	N.W. 44TH COURT		Street Address		Address (P.O. Box Number is Not Acceptable)				
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<b>6.</b> The above	named entity submits this statement to	r trie purpose of changing its	registered of	lice or registered ag	gent, of both, in the state of Fior	iua.			
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SIGNATURE .			<u>-</u>						1
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Age	nt signature required when r	einstating)	DATE			
A This consection is eligible to equippe its laterality.			III EEE IS S	150.00	J				1
	pration is eligible to satisfy its Intangible requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00		10. Election Campaign Fina	~	ຸ \$5.0	<b>)0</b> May Be	
	ia on back)		Make Check Payable to Department of Sta		Trust Fund Contribution	. [_	J Adder	d to Fees	-
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11.	OFFICERS AND	DIRECTORS	12.	AL	ODITIONS/CHANGES TO OFFIC	ERS AND			┧╒
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<ol> <li>13. Thereby of</li> </ol>	ertify that the information supplied with	this tiling dose not qualify for	r the exemption	on stated in Section	119 07/3)(i) Florida Statutas I f	urthar cart	ity that the is	ntormation	1

Indicated on this report or supplied with rins filing does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes, Flurther certify mat 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.