

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034425

1. Entity Name
SHOWCASE PROVISIONS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90013 039 ***150.00

Principal Place of Business 451 SW 12TH AVE POMPANO BEACH FL 33069 US	Mailing Address 1865 E EAGLE TRACE BLVD POMPANO BEACH FL 33071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2505 LAGUNA TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale FL	
Zip 33316	Country USA	Zip 33316	Country USA

4. FEI Number 65-0415056	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent FLORA, DOMENICA M 1865 E EAGLE TRACE BLVD POMPANO BEACH FL 33071		7. Name and Address of New Registered Agent Name Domenica M. Flora Street Address (P.O. Box Number is Not Acceptable) 2505 LAGUNA TERRACE City Ft. Lauderdale FL Zip Code 33316	
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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 *Domenica M. Flora* DATE 2/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORA, MICHAEL 1865 E EAGLE TRACE BLVD CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Flora, Michael J. 2505 LAGUNA TERRACE Ft. Lauderdale, FL 33316 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FLORA, DOMENICA M. 2505 LAGUNA TERRACE Ft. Lauderdale FL 33316 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Michael J. Flora* **Michael J. Flora** 2/12/01 (954) 767-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)