

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086968

1. Entity Name
LAUDERDALE LIFESTYLE, INC.

Principal Place of Business

**3000 N. FEDERAL HWY #9
FT. LAUDERDALE FL**

Mailing Address

**3000 N. FEDERAL HWY #9
FT. LAUDERDALE FL**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **33306**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **33306**

Country

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90605 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0445771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOLZ, MICHAEL A
PLAZA 3000 N. FEDERAL HWY #9
FT. LAUDERDALE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33306

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **FOLZ, MICHAEL A**
STREET ADDRESS **PLAZA 3000 N. FEDERAL HIGHWAY, #9**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PT** ☐ Delete
NAME **FOLZ, PAMELA**
STREET ADDRESS **PLAZA 3000 N. FEDERAL HIGHWAY, #9**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Pamela M. Folz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 934 524-5459
Date Daytime Phone #

CR2E034 (10/00)