

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90144 001 ***450.00

m3693



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000088102

1. Entity Name
THUNDER BOLT PROPERTIES, INC.

Principal Place of Business 1820 N.E. 163RD ST. SUITE 101 N MIAMI BEACH FL 33162	Mailing Address P.O. BOX 600429 N. MIAMI BEACH FL 33160-0429 US
--	---

2. Principal Place of Business <i>1776 N. Pine Island Rd.</i>	3. Mailing Address <i>1776 N Pine Island Rd.</i>
Suite, Apt. #, etc. <i>Suite 326</i>	Suite, Apt. #, etc. <i>Suite 326</i>
City & State <i>Plantation FL</i>	City & State <i>Plantation FL</i>
Zip <i>33322</i>	Country <i>US</i>

4. FEI Number 65-0458363	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent ZEDECK, DAVID L 1820 N.E. 163RD ST. N MIAMI BEACH FL 33162	7. Name and Address of New Registered Agent Name <i>David L Zedek</i> Street Address (P.O. Box Number is Not Acceptable) <i>1776 N Pine Island Rd. Suite 326</i> City <i>Plantation</i> FL Zip Code <i>33322</i>
--	---

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 *David L Zedek* DATE *1.11.00*
(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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZEDECK, DAVID L 1820 N.E. 163RD ST. N MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, HARVEY 186 CAMERON CT. FT. LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDA, GARY 2525 N. STATE RD. 7 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTZ, STEVE 1820 NE 163RD ST N MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>Tom Abrams VP</i> <i>1776 N. Pine Island Rd. Suite 326</i> <i>Plantation FL 33322</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: *David L Zedek* DATE *1.11.00* (54) 5230900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR21034 (9/99)