

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90206 015 ***158.75

DOCUMENT # P94000023162

1. Entity Name

FEDERAL SUPERVISORY SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 430964
SOUTH MIAMI, FL 33243

P.O. BOX 430964
SOUTH MIAMI FL 33243

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

65-0507008

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UGENT, AVERY
600 ARVIDA PARKWAY
CORAL GABLES FL 33156

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
UGENT, AVERY
P.O. BOX 430964 (NA)
SOUTH MIAMI FL 33243 ☐ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Avery A. Ugent, JUNE 29, 2001
President (305)665-3868

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P94000023162
B0059636

P.O. Box 430964
South Miami, Florida 33243
Phone (305) ~~XXXXXXX~~
(305) 665-3868

June 29, 2001

Uniform Business Report
Division of CORPORATIONS
PO BOX 1500
tallahassee, fl 32302-1500

Dear Sirs:

PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$158.75 WHICH INCLUDES (1) \$150.00 FOR THE UBR FILING FEE ALONG WITH (2) 8.75 FOR A CERTIFICATE OF GOOD STATUS.

I REALIZE THAT I AM FILING LATE, BUT I NEVER RECEIVED THE 2001 FORM PACKAGE. YOUR OFFICES WERE KIND ENOUGH TO MAIL ME A REPLACEMENT FORM WHICH IS ATTACHED AND EXECUTED. I BELIEVE THAT I HAVE FILED ON A TIMELY BASIS FOR MANY YEARS AND I HOPE THAT YOU CAN WAIVE THE LATE PENALTY FILING FEE.

THANK YOU FOR YOUR ASSISTANCE.

VERY TRULY YOURS,

Jack R. Ugent

Jack R. Ugent, Vice Pres.
Federal Supervisory Service, Inc.