2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000024803** Apr 14, 2000 8:00 am Secretary of State MICHAEL'S ENTERPRISES OF SOUTH FLORIDA, INC. 04-14-2000 90117 005 ***150.00 Mailing Address Principal Place of Business 6061 S W 16 STREET 6061 S W 16 STREET PLANTATION FL 33317-4641 PLANTATION FL 33317 3. Mailing Address 13401 N.W. 5 Street 2. Principal Place of Business 13401 N.W. 5 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0483131 Plantation, Florida Plantation, Florida Not Applicable Country Country USA Zip 33325 \$8.75 Additional 5. Certificate of Status Desired П 33325 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERMAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **KX**Change ☐ Addition Delete TITLE TITLE FETT. MICHAEL NAME 13401 N.W. 5 Street 6061 S.W. 16TH STREET STREET ADDRESS STREET ADDRESS Plantation, Florida 33325 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition ☐ Delete TITLE **K**Change TITLE FETT, CARRIE NAME NAME 13401 N.W. 5 Street STREET ADDRESS 6061 S.W. 16TH STREET STREET ADDRESS Plantation, Florida 33325 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reports 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.

Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/10/00

954-452-9290

Davtime Phone #