

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90010 044 ***150.00

DOCUMENT # P94000046527

1. Entity Name
SOUTH DIXIE CHECK CASHIER'S, INC. NO. 2

Principal Place of Business

**451 S DIXIE HWY
 MIAMI FL 33146**

Mailing Address

**451 S DIXIE HWY
 MIAMI FL 33146**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0489790

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNDSTROM, DAVID
 451 S DIXIE HWY
 MIAMI FL 33146**

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LUNDSTROM, DAVID
STREET ADDRESS 451 S DIXIE HWY
CITY-ST-ZIP MIAMI FL 33146

TITLE DS ☐ Delete
NAME LUNDSTROM, DAVID M
STREET ADDRESS 451 S DIXIE HWY
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VP ☐ Delete
NAME VALORI LUNDSTROM
STREET ADDRESS 451 S DIXIE HWY
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME VOIP
STREET ADDRESS VOIP
CITY-ST-ZIP VOIP

TITLE DIRECTOR ☐ Delete
NAME JUDY LUNDSTROM
STREET ADDRESS 12265 S. DIXIE HWY.
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID M. LUNDSTROM 22102 305 668 9727

CR2E034 (9/01)