

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

102

DOCUMENT # **PC14000057414**

1. Entity Name

**LAUDERDALE WHOLESALE INC.**

**FILED**

**02 FEB 25 AM 9:09**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1147 NE 4th Ave**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FLA**

City & State

4. FEI Number

**65-0517773**

Applied For

Not Applicable

Zip

**33304**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MARISA RADZIAK**

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

**1147 NE 4th Ave**

City

**FT LAUDERDALE**

**FL**

Zip Code

**33304**

**DO NOT WRITE  
IN THIS SPACE**

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.

**LS**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT  
VICTOR COLUICA  
1218 NE 2nd Ave  
FT. LAUDERDALE, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**600005081506--1  
-03/11/02--01076--012  
\*\*\*\*300.00 \*\*\*\*300.00**

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IN THIS SPACE**

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 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 #

**2/20/02 (954) 764-8000**

CR2E034B (12/01)

2012

**Lauderdale Wholesale Inc.**  
**1147 N.E. 4<sup>th</sup> Ave.**  
**Ft. Lauderdale, Fl 33304**

February 21, 2002

Florida Dept of State  
Department of Corporations  
P.O. 6327  
Tallahassee, Fl 32314

Attached are 4 a Uniform Business Report (Form UBR) with check number 389 for \$300.00 for reinstatement of this corporation. I did not receive the forms in the mail and filed as soon as I became aware that this was not paid.

Thank you for your help in this matter.



Victor Collica  
President