

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000077371

1. Entity Name

DuVal Center

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90136 029 \*\*\*150.00

Principal Place of Business

Mailing Address

10 S. KRAFT P.A.  
1001-C W. Sample Rd.  
CORAL SPRINGS, FL 33065

10101-C W. Sample Rd.  
CORAL SPRINGS, FL 33065

Principal Place of Business

3. Mailing Address

101 DuVal ST

101 DuVal ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

109

City & State

City & State

Key West, FL

Key West, FL

Zip

Zip

33040

33040

Country

Country

MONROE

MONROE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0529381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOEFF, NISSIM B.

Name

SHOEFF, NISSIM B.

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

101 DuVal ST

City

Key West

FL

Zip Code

33040

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

N.B. Shoeff N. BEN SHOEFF 4/25/00

This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD

SHOEFF, NISSIM B.

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SHOEFF, NISSIM B.

☒ Change

☐ Addition

101 DuVal ST  
Key West, FL 33040

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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  
dated 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 or  
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 #

N. BEN SHOEFF 4/25/00 305-343-5073