

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077674

1. Entity Name

FREDERIC'S HOLDINGS, INC.

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90009 043 ***150.00

Principal Place of Business

Mailing Address

4930 NW 11ST
LAUDERHILL FL 33313
US

4930 NW 11ST
LAUDERHILL FL 33313-6506
US

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

65-0549553

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

ARSENE, FREDERIC
4930 NW 11TH STREET
FORT LAUDERDALE FL 33313

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, 2000 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 0 ☐ Delete
NAME FREDERIC, ARSENE
STREET ADDRESS 4930 N.W. 11TH STREET
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE 0 ☐ Change ☐ Addition
NAME ARSENE, FREDERIC
STREET ADDRESS 4930 NW 11TH ST
CITY-ST-ZIP LAUD - FL 33313

TITLE 0 ☐ Delete
NAME FREDERIC, ARSENE
STREET ADDRESS 4930 NW 11ST
CITY-ST-ZIP LAUDERHILL FL 33313

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Arzene Frederic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-29-00

CR2E034 (9/99)