

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081147

1. Entity Name

SEGAL, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90091 001 \*\*\*150.00

Principal Place of Business

Mailing Address

16608 SADDLE CLUB ROAD  
FT LAUDERDALE FL 33326  
US

16608 SADDLE CLUB ROAD  
FT LAUDERDALE FL 33317-8105  
US

2. Principal Place of Business

6825 S.W. 21ST COURT

3. Mailing Address

6825 S.W. 21ST COURT

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

UNIT 2

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33317

Country

USA

Zip

33317

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0554161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, DEREK  
16608 SADDLE CLUB RD  
SUITE 3A  
FT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name

SEGAL, DEREK

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

6825 S.W. 21ST COURT, UNIT 2

City DAVIE

FL

Zip Code 33317

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

TITLE **P** ☐ Delete  
NAME **SEGAL, DEREK**  
STREET ADDRESS **16608 SADDLE CLUB ROAD**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☐ Change ☐ Addition  
NAME **SEGAL, DEREK**  
STREET ADDRESS **6825 S.W. 21ST COURT UNIT 2**  
CITY-ST-ZIP **DAVIE FL 33317**

TITLE **V.P.** ☐ Change ☐ Addition  
NAME **SEGAL, ARNOLD**  
STREET ADDRESS **6825 SW 21ST COURT, UNIT 2**  
CITY-ST-ZIP **DAVIE FL 33317**

TITLE **S.** ☐ Change ☐ Addition  
NAME **SEGAL, MARC**  
STREET ADDRESS **6825 SW 21ST COURT, UNIT 2**  
CITY-ST-ZIP **DAVIE FL 33317**

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

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

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

03/22/2000

Date

Daytime Phone #

CR2E034 (9/99)