

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088770

1. Entity Name

COOK ISLAND SAFARI, INC.

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90005 028 ***150.00

Principal Place of Business

3617 N.E. 23RD AVE.
FT. LAUDERALE FL 33308

Mailing Address

3617 N.E. 23RD AVE.
FT. LAUDERALE FL 33308

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 **65-0574313**

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

WOJCIK, FRANK
3617 NE 23RD AVE
FT. LAUDERDALE FL 33308

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **WOJCIK, FRANK**
CITY-ST-ZIP **3617 N.E. 23RD AVE.**
FT. LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

April 17 01 **9543515500**
Date Daytime Phone #

CR2E034 (10/00)

DOCUMENT
#P4100008870

A0074822

COOK ISLAND SAFARI, INC.
3617 N. E. 23rd AVENUE
FORT LAUDERDALE, FLORIDA 33308
(954) 351-5500

June 17, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

I lost the envelope attached to the Form 2001 UBR. I sent in the check for \$150.00 in April, but it was returned due to the wrong address. Enclosed is the check and form.

If any questions, please call my office (954) 351-5500.

Thank you.

Sincerely,



Frank Wojack

Enclosure