

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90125 020 ***150.00

00000000

DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name

P94000092272

Principal Place of Business

Mailing Address

Florida Cellular Rental, Inc.

2. Principal Place of Business

3380 N 28th Terrace

Suite, Apt. #, etc.

3. Mailing Address

3380 N 28th Terrace

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

U.S.A.

City & State

Hollywood, Florida

Zip

33020

Country

U.S.A.

4. FEI Number

65-0548457

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Swerdlow, Richard ESQ.
 3380 N. 28th Terrace
 Hollywood, FL 33020

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	Swerdlow, Richard	3380 N. 28th Terrace	Hollywood, FL 33020	☐
D	Lirk, Andres	3380 N 28 Terrace	Hollywood, FL 33020	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

04/27/00

Date

(954) 921-1234

Daytime Phone #

X112

CR2E034 (9/99)