

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093690

1. Entity Name
MFS APTS. INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90065 015 ***150.00

Principal Place of Business

3015 N OCEAN BLVD #104
FORT LAUDERDALE FL 33308

Mailing Address

3015 N OCEAN BLVD #104
FORT LAUDERDALE FL 33308-7300

2. Principal Place of Business

P.O. Box 550369
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 550369
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33355

Country

Zip

33355

Country

4. FEI Number

64-0542933

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROXEL, SIDNEY R
3015 N OCEAN BLVD #104
FORT LAUDERDALE FL 33308

Name

Troxel, Sidney R.

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

13400 S.W. 30th Ct.

City

Davie, FL

FL

Zip Code

33330

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

Sidney R. Troxel, Pres.
Sidney R. Troxel

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

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TROXEL, SIDNEY R	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
VSD	HOHULIN, MICHAEL B	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
VSD	GERBER, EDWARD H	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input type="checkbox"/>
ST	RUBI, MARIA M	3015 N OCEAN BLVD #104	FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		13400 S.W. 30th Ct.	Davie, FL 33330	<input checked="" type="checkbox"/>
		VSDT		<input checked="" type="checkbox"/>
		201 N.W. 121st Ave.	Coral Springs, FL 33071	<input checked="" type="checkbox"/>
		3400 Galt Ocean Drive, Apt. # PH2S	Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Sidney R. Troxel, Pres.
Sidney R. Troxel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 954/915-9067

CR2E034 (9/99)