

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079628

1. Entity Name

2200 N.E. 62ND ST., INC.

Principal Place of Business

Mailing Address

980 N. FEDERAL HIGHWAY
SUITE 410
BOCA RATON FL 33432

980 N. FEDERAL HIGHWAY
SUITE 410
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432

MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90126 028 ***150.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0632690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)