

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 022 ***150.00

DOCUMENT # **P96006017689**

1. Entity Name

The Foxes of South Florida, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

317 New Mexico ST

Suite, Apt. #, etc.

3. Mailing Address

317 New Mexico ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number

65-0647025

Applied For

Not Applicable

Zip
33019

Country
USA

Zip
33019

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Samy Fox**

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

317 New Mexico ST.

City **Hollywood**

FL

Zip Code
33019

**DO NOT WRITE
IN THIS SPACE**

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

Samy Fox

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Samy Fox

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P
S Amy Fox
317 New Mexico ST.
Hollywood, FL 33019**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Samy Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samy Fox, Pres. 4/30/02 954-922-0088

Date

Daytime Phone #

CR2E034B (12/01)