

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053333

1. Entity Name

ALWAYS ENTERPRISES, INC.

Principal Place of Business

11195 SANDPOINT TERRACE
BOCA RATON FL 33428

Mailing Address

11195 SANDPOINT TERRACE
BOCA RATON FL 33428-3904

2. Principal Place of Business

3300 N. State Rd 1

3. Mailing Address

3300 N. STATE Rd 7

Suite, Apt. #, etc.

76 A

Suite, Apt. #, etc.

76 A

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip
33021

Country
USA

Zip
33021

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0674139

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

SILVERIO, E.
7179 PEMBROKE ROAD
PEMBROKE PINES FL 33023

Name

DEBORAH TNL

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

7828 N.W. 44 STREET

LINCOLN PARK WEST

City

SUNRISE

FL

Zip Code

33351

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ROSENRAUCH, DAVID R	
STREET ADDRESS	11195 SANDPOINT TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENRAUCH, SAMY	
STREET ADDRESS	11195 SANDPOINT TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENRAUCH, ILONA	
STREET ADDRESS	11195 SANDPOINT TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENRAUCH, DAVID R	
STREET ADDRESS	3300 N. STATE Rd 7 # 76A	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENRAUCH, SAMY	
STREET ADDRESS	3300 N. STATE Rd. 7 Box 76A	
CITY-ST-ZIP	HOLLYWOOD, FL. 33428	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENRAUCH, ILONA	
STREET ADDRESS	3300 N STATE RD 7 Box 76A	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ilona Rosenrauch ILONA ROSENRAUCH

Date

4/27/00

Daytime Phone #

954
749-7674

CR2E034 (9/99)