

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077364

1. Entity Name

CSF OF FT. LAUDERDALE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90233 034 ***150.00

Principal Place of Business 2400 EAST COMMERCIAL BOULEVARD SUITE 820 FORT LAUDERDALE FL 33308	Mailing Address 2400 EAST COMMERCIAL BOULEVARD SUITE 820 FORT LAUDERDALE FL 33308-4033
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0693716**

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

**FINKEL, BARRY I ESQUIRE
2400 EAST COMMERCIAL BOULEVARD
SUITE 820
FORT LAUDERDALE FL 33308**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FINKEL, BARRY I	
STREET ADDRESS	2400 EAST COMMERCIAL BOULEVARD, SUITE 820	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, THOMAS M	
STREET ADDRESS	2400 EAST COMMERCIAL BOULEVARD, SUITE 820	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOLNIK, LOUIS N	
STREET ADDRESS	2400 EAST COMMERCIAL BOULEVARD, SUITE 820	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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:

Barry I Finkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00

954-776-1414

CR2E034 (9/99)