

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100987

1. Entity Name  
13820, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90148 023 \*\*\*550.00  
03-09-2000 90094 015 \*\*\*150.00

Principal Place of Business  
13820 ALEXANDRIA COURT  
DAVIE FL 33325

Mailing Address  
13820 ALEXANDRIA COURT  
DAVIE FL 33325

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

65-0800359

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

MINERLEY, KENNETH L  
980 NORTH FEDERAL HIGHWAY  
SUITE 205 412  
BOCA RATON FL 33432

*North*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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** ☐ Delete  
NAME **PROULX, GRATIEN**  
STREET ADDRESS **13820 ALEXANDRIA COURT**  
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/9/00-90094-015-\$150.00-\$150.00

DOCUMENT # **P96000100987**

1. Entity Name  
13820, INC.

Principal Place of Business

13820 ALEXANDRIA COURT  
DAVIE FL 33325

Mailing Address

13820 ALEXANDRIA COURT  
DAVIE FL 33325-1201

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

APPLIED FOR

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

MINERLEY, KENNETH L  
980 NORHT FEDERAL HIGHWAY  
SUITE 205  
BOCA RATON FL 33432

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 NAME STREET ADDRESS CITY-ST-ZIP	D PROULX, GRATIEN 13820 ALEXANDRIA COURT DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E034 (9/99)

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

3/6/2000

Date

Daytime Phone #

Attachment

B0104018

DO NOT WRITE IN THIS SPACE

Doc # P96000100987  
BD104018

LAW OFFICES

**BLOCH & MINERLEY, P.L.**

980 North Federal Highway • Suite 412

Boca Raton, Florida 33432

telephone (561) 362-6699 • facsimile (561) 447-9884

E-mail: blchminlaw@cmi.net

Stuart E. Bloch

*also admitted in New Jersey*

Kalinthia R. Dillard

Andrew K. Fein

Kenneth L. Minerley

*board certified in business litigation  
and civil trial law*

Leo L. Bentz, P.A.

*of counsel*

July 24, 2000

**CERTIFIED MAIL#7099 3400 0008 0022 2718**

Florida Department of Revenue

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: P96000100987

13820, Inc.

Our File #00-1312

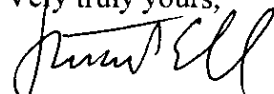
Dear Sir/Madam:

Pursuant to your correspondence dated March 14, 2000 (see enclosed copy), enclosed is the fully executed 2000 Uniform Business Report (UBR) indicating the taxpayer identification number assigned as 65-0800359. Also enclosed is check #1428 payable to Florida Department of State in the required amount of \$550.00.

Please note that the suite number has changed from #205 to #412 for the Registered Agent's address, as well as the word "North" is misspelled on the address shown on the UBR.

If you require anything further, please do not hesitate to contact this office.

Very truly yours,



Stuart E. Bloch

SEB/cmc

Encls.

cc: G. Proulx