

05-24-2002 91346 023 \*\*\*150.00

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

DOCUMENT # **P96000103956**  
 1. Entity Name

**411 South Gulf Blvd, INC**

**669277**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**411 South Gulf Blvd**

3. Mailing Address

**2 South Univ Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 215**

DO NOT WRITE IN THIS SPACE

City & State

**Clearwater Bch, FL**

City & State

**Plantation, FL**

4. FEI Number

**59-3435069**

Applied For

Not Applicable

Zip

**34630**

Country

**USA**

Zip

**33324**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Brian Lynn**

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

**2 South Univ Dr, #215**

City

**Plantation**

FL

Zip Code **33324**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reappointing)

**CPA**

**4/4/02**

DATE

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 \$81.25

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

**PRES  
Eli Jean  
12079 NW 1 Street  
Coral Springs, FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eli Jean, PRES**

**4-9-02**

Date

Daytime Phone #

CR2E034B (12/01)