

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005107

1. Entity Name
FHRs, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90043 032 ***150.00

Principal Place of Business
4193 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

Mailing Address
~~P.O. BOX 7270
DELBAY BEACH FL 33482-7270~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4195 N. STATE RD 7
Suite, Apt. #, etc.

3. Mailing Address
PO Box 880327
Suite, Apt. #, etc.

City & State
LAUDERDALE LAKES, FL
Zip
33319
Country
Broward

City & State
BOCA RATON, FL
Zip
33488
Country
PG

4. FEI Number 65-0721752

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

FUNDORA, JOSEPH N
4193 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

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

(NOTE: Registered Agent signature required when reinstating)

4-6-2001
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, 2001 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
FUNDORA, JOSEPH N
4193 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FUNDORA, LAURIE A
4193 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

4-6-2001 (954) 484-9505
Date Daytime Phone #

CR2E034 (10/00)