

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005770

1. Entity Name

DEF TO GO, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90044 042 \*\*\*150.00

Principal Place of Business

7154 NORTH UNIVERSITY DR.  
SUITE 261  
TAMARAC FL 33321

Mailing Address

7154 NORTH UNIVERSITY DR.  
SUITE 261  
TAMARAC FL 33321-2916

2. Principal Place of Business

8345 S CORAL CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address

8345 S CORAL CIRCLE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N LANDERDALE FL

City & State

N LANDERDALE FL

4. FEI Number

65-0730026

Applied For

Not Applicable

Zip

33068

Country

BRUNARD

Zip

33068

Country

BRUNARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, DAVID  
7154 NORTH UNIVERSITY DR.  
SUITE 261  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: DAVID FELDMAN  
Street Address (P.O. Box Number is Not Acceptable): 8345 S CORAL CIRCLE  
City: N LANDERDALE FL Zip Code: 33068

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]*  
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

TITLE	PST	<input type="checkbox"/> Delete
NAME	DAVID FELDMAN	
STREET ADDRESS	7154 N UNIVERSITY DR #261	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID FELDMAN	
STREET ADDRESS	8345 S CORAL CIRCLE	
CITY-ST-ZIP	N LANDERDALE FL 33068	
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		
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00  
Date

954-720-2290  
Daytime Phone #

CR2E034 (9/99)