

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90178 007 \*\*\*150.00

**DOCUMENT # P97000013099**

1. Entity Name

**IN 2 VATIONS, INC.**

Principal Place of Business

3245 NW 61ST STREET  
 BOCA RATON FL 33496

Mailing Address

3245 NW 61ST STREET  
 BOCA RATON FL 33496

2. Principal Place of Business

**3800 S. Ocean Dr**

Suite, Apt. #, etc.

**216**

3. Mailing Address

**3800 S. Ocean**

Suite, Apt. #, etc.

**216**

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

Zip

**33019 Broward**

Zip

**33019**

Country

**Broward**

4. FEI Number **65-0744491**

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

Name

**MOPSICK, MICHAEL D  
 7777 GLADES ROAD  
 SUITE 200  
 BOCA RATON FL 33434**

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, 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	PT	<input type="checkbox"/> Delete
NAME	ADICKMAN, ROSS F	
STREET ADDRESS	3245 NW 61ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FINKEL, STEVEN	
STREET ADDRESS	3245 NW 61ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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

**ROSS ADICKMAN**

Date

**4/19/01-954-458-7828**

Daytime Phone #

CR2E034 (10/00)