

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018518

1. Entity Name

R & R (BORDEAUX) IMPORTS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90117 010 ***150.00

Principal Place of Business

Mailing Address

2951 SIMMS STREET
HOLLYWOOD FL 33020-1510

2951 SIMMS STREET
HOLLYWOOD FL 33020-1510

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

65-0730605

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

FISHER, MICHAEL C
2951 SIMMS STREET
HOLLYWOOD FL 33020

Name
Fisher, C. Michael

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

2951 SIMMS STREET

City

HOLLYWOOD, FL

FL

Zip Code

33020

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

C. Michael Fisher, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

3/28/00

DAY

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
PD
KOHL, DAVID W
1911 SABLE PALM #208
FT LAUDERDALE FL 33324 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FISHER, MICHAEL C
1717 JERYMN LANE
VA BEACH VA 23454 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Fisher, C. Michael
Same ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

C. Michael Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 (954)924-0047

Date

Daytime Phone #

CR2E034 (9/99)