

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039483

1. Entity Name

WILLIAM VAN HOUTEN, INC

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90409 034 ***150.00

Principal Place of Business

676 WEST PROSPECT ROAD
 FORT LAUDERDALE FL 33309

Mailing Address

676 WEST PROSPECT ROAD
 FORT LAUDERDALE FL 33309-3949

2. Principal Place of Business

1875 SE 17th Street

Suite, Apt. #, etc.

3. Mailing Address

1875 SE 17th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

14-3340947

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

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

VAN HOUTEN, WILLIAM
 676 WEST PROSPECT ROAD
 FORT LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

April 21, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 VAN HOUTEN, WILLIA
 676 W PROSPECT RD
 FT LAUDERDALE FL 33309

☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

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☐ 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

April 21, 2000

Date

Daytime Phone #

CR2E034 (9/93)