

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000042262**

1. Entity Name

FLORIDA ASSOCIATION OF BRITISH BUSINESS, INC

Principal Place of Business

Mailing Address

1501 NE 35TH STREET

FORT LAUDERDALE, FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 SEP -6 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

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

PATRICIA KAWAJA

8/24/01

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

(NOTE: Registered Agent signature required when reinstating)

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 | P/O/V/S/T | <input type="checkbox"/> Delete |
| NAME | PATRICIA KAWAJA | |
| STREET ADDRESS | 1501 NE 35TH ST FT LAUD, FL | |
| CITY-STATE-ZIP | 33334 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 900004583439--8 |
| CITY-STATE-ZIP | -03/11/01--01080--008 |
| TITLE | ****458.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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:

PATRICIA KAWAJA

8/24/01

9545653429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Overlaid Page #

CR2E034 (9/99)

pg 2 of 2

Florida Association of British Business, Inc.
1501 N.E. 35th Street
Fort Lauderdale, FL 33334

August 24, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Florida Association of British Business, Inc. (P97000042262)

Dear Sir or Madam,

We noted from an internet search that our company is inactive and shows as being administratively dissolved because our annual reports have not been filed. We have no record of receiving any annual reports from your office since our last filing in 1998. Therefore, we have enclosed a check payable to the Department of State in the amount of \$458.75, representing the annual fees for 1999, 2000, and 2001 of \$150.00 for each year, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive an annual report from your office. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,

Patricia Kawaja, President

