

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046482

1. Entity Name

FAIR PROMOTIONS, INC.

Principal Place of Business

2410 NORTHEAST 49TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2410 NORTHEAST 49TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

1620 24 ST SE

3. Mailing Address

1620 24 ST SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RUSKIN FL

City & State

RUSKIN FL

Zip

33570

Country

USA

Zip

33570

Country

USA

4. FEI Number

65-0756652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROLAND, KOCH
2410 NORTHEAST 49TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name FROLAND, KOCH

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

1620 24 Street SE

City RUSKIN

FL

Zip Code

33570

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

Koch, Froland

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VP ☐ Delete

NAME MARTIN GARIN
STREET ADDRESS 2410 NE 49 ST
CITY-ST-ZIP LIGHTHOUSE FL 33064

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 1620 24 STREET SE
STREET ADDRESS RUSKIN FL 33570
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME 500004683895--4
STREET ADDRESS -11/15/01--01023--018
CITY-ST-ZIP ***750.00 ***750.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ 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:

Martin Garin REQUIRMENT GARIN VP

Date

7/20/00

Daytime Phone #

201-933-0999

0033028

CR2E034 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01-OCT 24 PM 6:28



REINSTATEMENT

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