

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088127

1. Entity Name

FLORIDA INTERFACE GROUP, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90021 033 \*\*\*150.00

Principal Place of Business

3300 UNIVERSITY DRIVE SUITE 525  
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DRIVE SUITE 525  
CORAL SPRINGS FL 33065-4131

2. Principal Place of Business

160 S.W. 12<sup>th</sup> AVENUE #102

3. Mailing Address

160 S.W. 12<sup>th</sup> AVENUE #102

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-0810617

Applied For

Not Applicable

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFEL, NEIL  
3300 UNIVERSITY DRIVE SUITE 525  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

160 S.W. 12<sup>th</sup> AVENUE

#102

City

DEERFIELD BEACH

FL

Zip Code

33442

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, 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 PD  
NAME SCHAFFEL, NEIL  
STREET ADDRESS 3300 UNIVERSITY DRIVE SUITE 525  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE SD  
NAME SLACHTER, DAVID  
STREET ADDRESS 15500 NEW BARN RD  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE TD  
NAME HEINO, GLENN  
STREET ADDRESS 1600 S DIXIE HWY - 1D  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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  
STREET ADDRESS 160 S.W. 12<sup>th</sup> AVENUE, #102  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

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: BY: *Neil Schaffel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

954-422-8485

Daytime Phone #

CR2E034 (9/99)