

DOCUMENT # P97000088127

1. Entity Name
FLORIDA INTERFACE GROUP, INC.

Principal Place of Business

160 SW 12TH AVE
102
DEERFIELD BEACH FL 33442

Mailing Address

160 SW 12TH AVE
102
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3300 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 10

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

3. Mailing Address

3300 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 709

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90002 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFEL, NEIL
160 SW 12TH AVE #102
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

3300 UNIVERSITY DRIVE, # 709

City

CORAL SPRINGS

FL

Zip Code

33065

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

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, 2001 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 ☐ Delete
NAME SCHAFFEL, NEIL
STREET ADDRESS 3300 UNIVERSITY DRIVE SUITE 525
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

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

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 VP, T ☒ Change ☐ Addition
NAME NEIL SCHAFFEL
STREET ADDRESS 3300 UNIVERSITY DR, SUITE 709
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE P ☒ Change ☐ Addition
NAME DAVID SLACHTER
STREET ADDRESS 3300 UNIVERSITY DR, SUITE 10
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE CEO ☐ Change ☒ Addition
NAME WESLEY B. BELON, JR.
STREET ADDRESS 3300 UNIVERSITY DR #10
CITY-ST-ZIP CORAL SPRINGS FL 33065

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/3/01 6954-757-1331

CR2E034 (10/00)