

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90035-015-\$150.00-\$150.00

DOCUMENT # P97000103833

1. Entity Name

OPEN DOOR ENTERPRISES INC.

Principal Place of Business

5888 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

Mailing Address

9729 SILLS DRIVE
#103
BOYNTON BEACH FL 33437-5312

2. Principal Place of Business

FESTIVAL FLEA MKT #6225

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2900 W. Sample Rd

City & State

City & State

Pompano Beach

Zip

Zip

33073

Country

FLORIDA

Zip

Country

4. FEI Number

65-0803753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINER, LORRAINE
9729 SILLS DRIVE
APT. 103
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name

STEPHEN WEINER

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

9729 SILLS DR.

#103

City

Boynton Beach

FL

Zip Code

33437

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.

Stephen Weiner

(NOTE: Registered Agent signature required when reinstating)

3/21/00
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

☐ Delete

TITLE P
NAME WEINER, STEPHEN
STREET ADDRESS 9729 SILLS DRIVE, #103
CITY-ST-ZIP BOYNTON BEACH FL 33437

☒ Delete

TITLE VP
NAME WEINER, LORRAINE C
STREET ADDRESS 9729 SILLS DRIVE, #103
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

FILED

00 MAR 23 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE