

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000005146**

1. Entity Name  
**NORTHEAST 42ND STREET ENTERPRISES, INC.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90208 036 \*\*\*150.00

Principal Place of Business  
**610 N.E. 42 ST.  
 POMPANO BEACH FL 33064**

Mailing Address  
~~1800 NE 40 CT~~  
~~POMPANO BEACH FL 33064 6091~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**7600 W. CAMINO REAL**  
 Suite, Apt. #, etc.  
**SUITE 100**  
 City & State  
**BOCA RATON FL**  
 Zip  
**33433**  
 Country  
**USA**

4. FEI Number **65-0818885**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, THOMAS J II**  
**610 N.E. 42 ST.**  
**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent  
 Name  
**BERNARD J. AUDET**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7600 W. CAMINO REAL SUITE 100**  
 City & State  
**BOCA RATON FL**  
 Zip Code  
**33433**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAZELY, KEITH R</b> <b>3400 N.E. 14 TERRACE</b> <b>POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, THOMAS J II</b> <b>610 N.E. 42 ST.</b> <b>POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BERNARD J. AUDET</b> <b>7600 W. CAMINO REAL</b> <b>SUITE 100 BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF REGISTERED AGENT **4/29/00 (S61)338-7843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)