

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 028 ***150.00

DOCUMENT # P98000006926

1. Entity Name

F.W. DOCTEUR CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 OPA LOCKA BLVD.

3. Mailing Address

535 OPA LOCKA BLVD?

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip

33168

Country

USA

Zip

33168

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Wilfred Docteur

Street Address (P.O. Box Number is Not Applicable)
535 OPA LOCKA BOULEVARD

City **MIAMI**

FL

Zip Code
33168

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

Wilfred Docteur
(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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P/D Wilfred Docteur 535 Opa Locka Blvd Miami, Fl. 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Marc R. Docteur 535 Opa Locka Blvd. Miami, Fl. 33168
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfred Docteur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilfred Docteur 05/06/02

Date

Daytime Phone #

CR2E034B (12/01)