

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

DOCUMENT # P98000023417

1. Entity Name

Slip, Crash & Fall, Inc.

FILED

02 OCT 25 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15225 N.W. 77 Avenue

Suite, Apt. #, etc.

1st Floor

City & State

Miami Lakes

Zip

33014

Country

US

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0836324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAHLIA CANES

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

7370 Big Cypress Ct.

Miami Lakes, FL

City

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

10/17/02

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
DAHLIA CANES - President
7370 Big Cypress Ct.
Miami Lakes, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10/25/02--01109--006 **150.00

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IN THIS SPACE**

10/10/30

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/02

805)
323-3960

CR2E034B (12/01)

SLIP, CRASH & FALL, INC.
15225 N.W. 77TH AVENUE
FIRST FLOOR
MIAMI LAKES, FLORIDA 33014
(305) 323-3960

October 17, 2002

Uniform Business Reports
Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir/Madam:

Since I did not receive the previous notices on my business report, I did not submit the proper fees in a timely fashion. I finally called your offices and I was informed of the procedure and a form was therefore mailed to the office. Enclosed is the properly executed form and a check for the fees for \$150.00. Please reinstate my corporation, if you have any questions.....please contact me.

Very truly yours,



Dahlia Canes
President