

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038492

1. Entity Name

053, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 6:34

Principal Place of Business  
1400 E NEWPORT CENTER DR. STE 209  
DEERFIELD BEACH FL 33442

Mailing Address  
1400 E NEWPORT CENTER DR. STE 209  
DEERFIELD BEACH FL 33442-7713

2. Principal Place of Business  
1350 E. Newport Center

3. Mailing Address  
PO BOX 4219

Suite, Apt. #, etc.  
Suite 206

Suite, Apt. #, etc.

City & State  
Deerfield Beach, FL

City & State  
Deerfield Beach, FL

Zip  
33442

Country  
USA

Zip  
33442-4219

Country  
USA

4. FEI Number  
06-1514269

Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

KAY, JAMES R  
777 S FLAGLER DR  
EAST TOWER, STE 900  
WEST PALM BEACH FL 33401

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

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

D  
REIBLING, LORENZ  
1400 E NEWPORT CENTER DR, STE 209  
DEERFIELD BEACH FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
REIBLING, GUENTHER  
1400 E NEWPORT CENTER DR, STE 209  
DEERFIELD BEACH FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BK 511  
1350 E. Newport Center Dr. Ste 206  
Deerfield Beach, FL 33442

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1350 E. Newport Center Dr. Ste 206  
Deerfield Beach, FL 33442

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6000003241146--8  
-05/05/00--01080  
\*\*\*\*158.75 \*\*\*\*158.75

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Linda G. Kassof*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof 4/27/00

Date

Daytime Phone #

CR2E034 (9/99)