

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041806

Entity Name
City Bail Bonds, Inc.

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90060 035 ***150.00

Principal Place of Business Mailing Address
2434 Sheridan Street ← Same
Hollywood, FL 33020

Principal Place of Business 3. Mailing Address
2434 Sheridan Street
Suite, Apt. #, etc.
City & State
Hollywood, FL
Zip Country
33020 USA

812016

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Deena Sinclair
1525 S. Andrews Avenue
Suite 7
Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent
Name: Khila L. Khani, Esq.
Street Address (P.O. Box Number is Not Acceptable): Law Offices of Khani + Auerbach
2338 Hollywood Boulevard
City: Hollywood FL Zip Code: 33020

I, 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] DATE: 2/1/00
(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD Sinclair, Deena 1525 S. Andrews Ave, Ste #7 Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D; V/S; V/T/D Natasha Braynen 2434 Sheridan St. Hollywood, FL 33020
VSTD Adler, Scott 1525 S. Andrews Ave, Ste #7 Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 2/1/00 DAYTIME PHONE #: (954) 868-1163