

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052232

1. Entity Name

SAXON BUSINESS SYSTEMS OF NORTH FLORIDA, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91094 041 ***158.75

Principal Place of Business

13925 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

Mailing Address

13925 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

2. Principal Place of Business

14025 N.W. 60th AVENUE

3. Mailing Address

14025 N.W. 60th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number 65-0845336

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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

6. Name and Address of Current Registered Agent

HILL, RICHARD
13925 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name HILL, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
14025 N.W. 60th AVENUE
City MIAMI LAKES FL 33014

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, 2001 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 PD
NAME ABBATE, FLORIO J
STREET ADDRESS 13925 N.W. 60TH AVENUE
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE DVP
NAME CAVALLARO, GEORGE
STREET ADDRESS 13925 NW 60TH AVE.
CITY-ST-ZIP MIAMI FL 33014 ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)