

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054966

1. Entity Name

U.S. ENTRY, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90024 012 ***150.00

Principal Place of Business

4360 NORTHLAKE BLVD
STE 205
PALM BEACH GARDENS FL 33410

Mailing Address

5930 CITRINE STREET
BOYNTON BEACH FL 33437-2416
US

2. Principal Place of Business

4400 No. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

BOCA RATON, FL

4. FEI Number

65-0854039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN E. WASHOFKY, E.A., P.A.
4360 NORTHLAKE BLVD
STE 205
PALM BEACH GARDENS FL 33410

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

Suzanne J. Akbas

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 ☐ Delete
NAME D
STREET ADDRESS AKBAS, SUZANNE 4400 No. Federal Hwy
CITY-ST-ZIP 4360 NORTHLAKE BLVD, STE 205 Boca Raton, FL 33410
PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS 4400 No. Federal Hwy, Ste 210
CITY-ST-ZIP BOCA RATON, FL 33431

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

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

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

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

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:

Suzanne J. Akbas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000

Date

561 338-
8887

Daytime Phone #