

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98000059712**

1. Entity Name

**PUSH ENTERPRISE INC**

**FILED**

00 MAR -8 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2553 ADVENTURE AV  
N. BAY VILLAGE FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0860134**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORMAN SAMUEL S  
2553 ADVENTURE AV  
N. BAY VILLAGE FL 33141**

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 in 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

**P/O  
SAMUEL S FORMAN  
2553 ADVENTURE AV  
N. BAY VILLAGE FL 33141**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**800003174788-6**

**-03/17/00--01091--021**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

☐ Change ☐ Addition

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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 receive 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMUEL S FORMAN**

**TS**

**03/06/1999 90051-050 150.00**


**2/29/00**

**205-  
481-7777**

CR2E034 (9/99)

February 29, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314



RE: PUSH ENTERPRISES INC.  
7553 Adventure Avenue  
North Bay Village, FL 33141

REF. NO. P98000059712

Dear Sir:

I recently checked the status of Push Enterprises Inc., and found it had been dissolved. I don't fully understand why? I believe it had to do with your letter of March 16/99 (Exhibit "A" attached). Your letter states it received my 1999 report and a \$150.00 check and asked that I forward my EI # which I did do. Evidently my letter got lost or was misfiled.

Attached, as Exhibit "B" is a copy of my original 1999 annual report. I wrote in box 4 at a later date the EI #.

Exhibit "C" is the IRS letter from 1998 reflecting the EI# as "65-0860134". On February 23, 2000 I spoke with several people in your office and a gentleman named Tyrone suggested I send you this letter. I would appreciate you waiving the reinstatement fee and reinstate the corporation.

I am also sending you a 2000 uniform business report and the check for \$150.00. Hopefully you can accept this for the 2000 year.