

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064051

1. Entity Name

SINGLEMINDED, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90022 049 ***150.00

0266237

Principal Place of Business 1739 N.W. 81ST WAY PLANTATION FL 33322		Mailing Address 1739 N.W. 81ST WAY PLANTATION FL 33322	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAISEL, GARY S
600 SOUTH ANDREWS AVENUE
SUITE 600
FORT LAUDERDALE FL 33301

Changed address of:
GARY MAISEL
219 W. DAVIE BLVD.
FT. LAUDERDALE, FL
33315

Acceptable)

FL Zip Code

State of Florida.

DATE

8. The above named entity submits this statement for the purpose of

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Current Registered Agent
Make Check Payable to Department of State

Campaign Financing and Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAISEL, CAROL 1739 N.W. 81ST WAY PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

CAROL SUE MAISEL

2/6/01

Date

954-370-7352

Daytime Phone #

CR2E034 (10/00)