

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90206 019 ***150.00

DOCUMENT # *P98000064613*

1. Entity Name *PRUDENTIAL PROPERTIES &
INVESTMENTS, INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4689 N. STATERD 7

Suite, Apt. #, etc.

3. Mailing Address
3161 NW 47th TERR

Suite, Apt. #, etc.

108

DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE LKS FL

Zip

33319

Country

BROWARD

City & State
LAUDERDALE LKS, FL

Zip

33319

Country

BROWARD

4. FEI Number
65-0852370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *ERROL GORDON*

Street Address (P.O. Box Number is Not Acceptable)

3161 NW 47th TERR, #108

City *LAUDERDALE LAKES FL*

Zip Code
33319

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
ERROL GORDON
3161 NW 47th Terr, #108
LAUDERDALE LAKES, FL 33319*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DAVE JOHN VP/TREASURER
570 SW 31 AVE
FT. LAUDERDALE FL 33312*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *ERROL GORDON, PRESIDENT 05/31/02 954 731 3319*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)