

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064865

1. Entity Name

STRANDKORB OF FT. LAUDERDALE, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 024 ***150.00

Principal Place of Business

Mailing Address

2919 E. COMMERCIAL BLVD., SUITE A
FT. LAUDERDALE FL 33308

2919 E. COMMERCIAL BLVD., SUITE A
FT. LAUDERDALE FL 33308-4207

2. Principal Place of Business

3. Mailing Address

2800 E. Commercial Blvd
Suite, Apt. #, etc.
#208

2800 E. Commercial Blvd
Suite, Apt. #, etc.
#208

City & State

City & State

FL. LAuderdale, FL

FL. LAuderdale, FL

Zip

Zip

33308

33308

Country

Country

4. FEI Number

65-0853953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN H. KATZ PA

2919 E. COMMERCIAL BLVD., SUITE A
FT. LAUDERDALE FL 33308

Name

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

2800 E. Commercial Blvd #208

City

FL. LAuderdale

FL

Zip Code

33308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALLSEN, GUNTER
5105 NE 12TH AVE.
LAUDERDALE FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUHNERT, SIEGFRIED
5105 NE 12TH AVE.
LAUDERDALE FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEMAR, FRIEDICH
5105 NE 12TH AVE.
LAUDERDALE FL 33334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-2000

954-229-0685

CR2E034 (9/99)