

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065089

1. Entity Name

FORT LAUDERDALE MAGAZINE, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90039 030 ***150.00

Principal Place of Business

1844 N NOB HILL RD
#304
PLANTATION FL 33322
US

Mailing Address

1844 N NOB HILL RD
#304
PLANTATION FL 33322-6548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0860532

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD, SUITE 485
BOCA RATON FL 33486

Name
Cantor, Samuel J.

Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Parkway NW

Suite 200

City
Boca Raton

FL

Zip Code
33487

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 fee is applicable.

(Use if Registered Agent signature required when reinstating)

DATE

3/23/00

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	<input type="checkbox"/> Delete	D FELDMAN, SUSAN 1844 N. NOB HILL ROAD, #304 FORT LAUDERDALE FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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: *Susan L. Feldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN L. FELDMAN

3/22/2000

Date

9543707069

Daytime Phone #

CR2E034 (9/99)