

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90158 001 ***150.00

DOCUMENT # P98000067697

1. Entity Name
735 NORTHEAST FIFTEENTH AVENUE, INC.



Principal Place of Business

826 INTRACOASTAL DRIVE 735 NE 15th Ave
FT. LAUDERDALE FL 33304
Ft Lauderdale, FL 33304

Mailing Address

926 INTRACOASTAL DRIVE PO BOX 970752
FT. LAUDERDALE FL 33304 Boca Raton FL 33497



2. Principal Place of Business

735 NE 15th Ave

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 970752

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

Ft Lauderdale FL

City & State

Boca Raton FL

4. FEI Number

65-0855722

Applied For

Not Applicable

Zip

Country

33304

Zip

Country

33497

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

UZZO, BRIAN A
10883 GENTRY STREET
BOCA RATON FL 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **UZZO, ROBERT W**
STREET ADDRESS **10883 GENTRY STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **P** ☐ Delete
NAME **UZZO, BRIAN A**
STREET ADDRESS **10883 GENTRY STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

CR2E034 (10/02)