

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90076 004 ***150.00

DOCUMENT # P98000068092

1. Entity Name

SOUTH FLORIDA PAWN, INC.

Principal Place of Business

C/O SHELDON ENGELHARD
THE PLAZA, STE 801, 5355 TOWN CENTER RD
BOCA RATON FL 33486

Mailing Address

C/O SHELDON ENGELHARD
THE PLAZA, STE 801, 5355 TOWN CENTER RD
BOCA RATON FL 33486

2. Principal Place of Business

10207 NW 7th Avenue

3. Mailing Address

P.O. Box 546916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Surfside, Florida

4. FEI Number

65-0855206

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

33154

Country

USA

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

ENGELHARD, SHELDON
THE PLAZA, SUITE 801
5355 TOWN CENTER ROAD
BOCA RATON FL 33486

Name

JOSE PEDREIRA

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

9441 Harding Avenue

City

Surfside

FL

Zip Code

33154

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

JOSE F. PEDREIRA, JOSE F. PEDREIRA

4/23/01

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, 2001 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	P	Delete
NAME	ENGELHARD, SHELDON	
STREET ADDRESS	5355 TOWN CENTER RD -STE 801	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	Delete
NAME	LHERISSON, JUDE	
STREET ADDRESS	5355 TOWN CENTER RD -STE 801	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	Change	Addition
NAME	JOSE F. PEDREIRA		
STREET ADDRESS	9441 Harding Ave		
CITY-ST-ZIP	Surfside, FL 33154		
TITLE	S	Change	Addition
NAME	JUDE LHERISSON		
STREET ADDRESS	9441 Harding Ave		
CITY-ST-ZIP	Surfside, FL 33154		
TITLE	Treasurer	Change	Addition
NAME	ALIX LHERISSON		
STREET ADDRESS	9441 Harding Ave.		
CITY-ST-ZIP	Surfside, FL 33154		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

JOSE F. PEDREIRA, JOSE F. PEDREIRA 4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-867-6141

Daytime Phone #

CR2E034 (10/00)