

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/16/00-90293-004-\$150.00-\$150.00

Page 1 of 2

DOCUMENT # P98000069672

1. Entity Name

FLORIDA FMD ENTERPRISES, INC.

FILED

00 JUL 12 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
974 WEST STATE ROAD 434  
LONGWOOD FL 32750

Mailing Address  
974 WEST STATE ROAD 434  
LONGWOOD FL 32750-5104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3525484

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

VARGA, ALEXANDER  
974 WEST STATE ROAD 434  
LONGWOOD FL 32750

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.

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 ☐ Delete  
NAME D  
STREET ADDRESS VARGA, ALEXANDER  
CITY-ST-ZIP 1521 SUNSHINE TREE BLVD.  
LONGWOOD FL 32779

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VARGA, JEAN ANN  
CITY-ST-ZIP 1521 SUNSHINE TREE BLVD.  
LONGWOOD FL 32779

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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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:

Alexander Varga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 407-331-7310

Date Daytime Phone #

CF-10034 (10/99)

July 8, 2000

To: whom it may concern (Katherine Harris)  
From: Florida FMD Enterprises, Inc.  
Ref. Number: P98000069672

I realize that my payment for Corp.  
#150. tax fee was untimely. Please consider  
a waiver of Penalty, as I have experience  
emerge hardship financially in my small  
business on after my personal bankruptcy. On  
top of all this I am trying to help my dad  
an elderly person who is in need of financial  
assistance for recent medical difficulties. Please  
if you can find it in the kindness of your  
heart to dismiss this late charge on my  
account it would be greatly appreciated.

Sincerely, Thank you  
Alexander Varga