

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **98000070026**

Entity Name
1007 DUVAL STREET CORPORATION

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 013 ***150.00

Principal Place of Business
**10211 W. SAMPLE Rd
Suite 211
CORAL SPRINGS, FL 33065**

Mailing Address
**10211 W. SAMPLE Rd
Suite 211
CORAL SPRINGS, FL 33065**

661338

Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

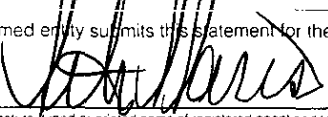
4. FEI Number
65-0856848 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PETER PARISI
2832 NE 21ST COURT
FT. LAUDERDALE, FL 33305**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Not Acceptable)
4045 NW 16TH ST. 111
City **FT. LAUDERDALE** FL Zip Code **33313**

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  **PETER PARISI** **4/29/00**
Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<input type="checkbox"/> Delete D MARCIA T. COHEN 12079 NW 1ST ST. CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARCIA T. COHEN** **4/29/00** **(954) 341-0012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)