

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080914

1. Entity Name

ENTERPRISE BUSINESS MANAGEMENT, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 009 ***150.00

Principal Place of Business
9760 NORTHWEST 51ST STREET
CORAL SPRINGS FL 33076

Mailing Address
1440 CORAL RIDGE DRIVE #228
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0866616

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PSTD
GOLDSTONE, BRYAN
9760 NORTHWEST 51ST STREET
CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Bryon Goldstone Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/00 954684 6723

CR2E034 (5/00)

ATTACHMENT
P9800080914

Enterprise Business Management, Inc. A0077242

1440 Coral Ridge Drive #228, Coral Springs FL 33071
954-684-6723 954-341-1942 - Fax

Bryan Goldstone
President

July 28, 2000

Division of Corporations
P.O. Box 1500
Tallahassee FL 32399

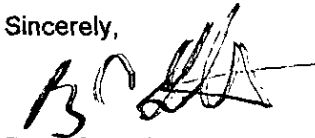
RE: Enterprise Business Management, Inc.
P98000080914

Gentlemen:

I sent in the original 2000 Uniform Business Report back in April when my taxes were filed. After discussion with your office it was determined that you never received the form of enclosed check. Your office suggested I enclose this letter of explanation requesting the waiver of the \$400.00 late fee.

Attached find executed Form 2000 Uniform Business Report and a check in the amount of \$150.00. I appreciate your consideration and understanding in this matter.

Sincerely,



Bryan D. Goldstone
President

Encl.