

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90082 045 ***150.00

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

DOCUMENT # **P48000096672**

1. Entity Name

LAUDERDALE HOLDINGS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 N. Dixie Highway

3. Mailing Address
5601 N. Dixie Highway

Suite, Apt. #, etc.
Suite 411

Suite, Apt. #, etc.
Suite 411

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number
65-0911433

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street
200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip
33324

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 constitutional)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
TANCREDI, ROBERT G.
5601 N. DIXIE HIGHWAY, #411
FORT LAUDERDALE, FLORIDA 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)