

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102779

1. Entity Name

OFF, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90024 037 ***150.00

Principal Place of Business

9200 NW 53RD STREET
SUNRISE FL 33351

Mailing Address

9200 NW 53RD STREET
SUNRISE FL 33351

941263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9200 NW 53 St

Suite, Apt. #, etc.

3. Mailing Address

9200 NW 53 St

Suite, Apt. #, etc.

City & State

Sunrise FLA.

City & State

Sunrise FLA

Zip

33351

Country

Broward

Zip

33351

Country

Broward

4. FEI Number

65-0883735

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAUD, CATHY
9200 NW 53 ST
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Cathy Michaud
Street Address (P.O. Box Number is Not Acceptable)
9200 NW 53 St

City

Sunrise

FL

Zip Code

33351

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, 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

TITLE P
NAME MICHAUD, ROGER
STREET ADDRESS 9200 NW 53RD STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE S
NAME MICHAUD, CATHY
STREET ADDRESS 9200 NW 53RD STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Roger Michaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-5-2001

Date

Daytime Phone #

954

741-3791

CR2E034 (10/00)