

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018293

1. Entity Name

US-TITUS ENTERPRISES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 027 ***150.00

Principal Place of Business

Mailing Address

1747 VAN BUREN ST., SUITE #740
HOLLYWOOD FL 33020

1747 VAN BUREN ST., SUITE #740
HOLLYWOOD FL 33020-5107
920 WASHINGTON ST
HOLLYWOOD, FL 33019

2. Principal Place of Business

920 WASHINGTON STREET

Suite, Apt. #, etc.

3. Mailing Address

920 WASHINGTON

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

BROWARD

Zip

33019

Country

BROWARD

4. FEI Number

65-0903777

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

SEILER, WERNER
1747 VAN BUREN ST., SUITE #740
HOLLYWOOD FL 33020

Name

WAYNE HORWITZ, CPA

Street Address (P.O. Box Number is Not Acceptable)

3511 WEST COMMERCIAL BLVD

SUITE 402

City

FOOT LAUDERDALE

FL

Zip Code

33309

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)

3-6-00

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 ZIKA, FRANZ
CITY-ST-ZIP 1747 VAN BUREN ST., SUITE #740
HOLLYWOOD FL 33020

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)