## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # pag0000 21837

M R GENTRY CORPORATION



03 OCT - 200 \ AH II: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DO NOT WRIT	E IN THIS	E								
	Place of Business STREET	3. Mailing Addre			751-78						
Suite, Apt. #, etc. Suite, Apt.					DO NOT WRITE IN THIS SPACE						
City & State City & State Fort Lauderdale, FL Fort Lauderdale					4. FEI Number 65-0903716 Applied For Not Applicate						
Zip <b>33315</b>	Country USA	Zip 33315	Cour USA		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
				Nama	7. Name and Address of Current Registered Agent						
DO NOT WOLTE				Name Sean Johnson							
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE				9 SW 13th Street							
y N				City Fort L	Lauderdale FL Zip Code 33315						
	e named entity submits this statement tions of registered agent.	for the purpose of cha		_	gistered agent, or both, in the State of Florida. I am familiar with, and acc	cept					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					equired when reinstating) DATE	_					
į ,	anuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department		(No. 11. Highle		9. Election Campaign Financing Trust Fund Contribution. S5.00 May						
10.	OFFICERS AN	D DIRECTORS		•							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 SW 13 STREET	LONZO M GENTRY, PRESIDENT SW 13 STREET ORT LAUDERDALE, FL 33315		LE ME EET ADDRESS Y-ST-ZIP	500023670895 10/03/0301064028 **450,00						
TITLE NAME STREET ADDRESS CHY-ST-ZIP				·							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i	DO NOT WRITE						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CHY-ST-ZIP											

12. Thereby certify that the Information supplied with this fiting 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 10 or on an attachment with an address, with all other like empowered.

CICMATUDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10/1/03 Date 954-764-0404

Daytime Phone #

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2002 **DOCUMENT #** 1. Entity Name M R GENTRY CORPORATION DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 9 SW 13 STREET 9 SW 13th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Fort Lauderdale, FL Fort Lauderdale, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33315 33315 **USA** USA Fee Required 7. Name and Address of Current Registered Agent Name Sean Johnson DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 9 SW 13th Street City Fort Lauderdale 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. I am familiar with, and accept the obligations of registered agent. Sean Johnson 10/1/2003 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE CR2E034B (12/02) TITLE ALONZO M GENTRY, PRESIDENT NAME NAME 9 SW 13 STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33315 CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME<sup>1</sup> STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY - ST - ZIP TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or on an attachment with an address, with all other like empowered.

PRESIDENT

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 10/10

954-764-0404

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10/1/03

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT # 1. Entity Name										
M R GENTRY CORPORATION										
	OO NOT WRITE	IN THIS SI	PAC	E			·			
2. Principal Pla 9 SW 13 S	ace of Business	Mailing Address     SW 13th Street								
Suite, Apt. #		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Fort Laude		City & State Fort Lauderdale, FL				4. FEI Number 65-0903716 Applied For Not Applicable				
Zip 33315	Country USA	Zip 33315	Coun USA			,5. Certif	cate of Status Desired	\$8.75 Fee Re	Additional equired	
					7	. Name a	nd Address of Current Regis		·	
	DO NOT W	· NETE		Name Se	ean J	ohnsor	l			
	DO NOT WI			Street Add	dress (P	.O. Box N	umber is Not Acceptable)			
•		9 SW 13th Street								
	City Fort Lau					FL Zin	Code 315			
8. The above in	named entity submits this statement for	the purpose of changing its	registere					<del></del>		
the obligation	ons of registered agent.		-			-				
SIGNATURE _	Signature, typed or printed name of registered agent an		John	ISON O Agent Signature	required v	dana rainetatio		0/1/2003 TE		
Jani A	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S		. He greater to	a rigidi i signalo. C	•		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND D					- 1				
	ALONZO M GENTRY, PRE	SIDENT	TITLE	·			· · · ·			
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CITY-ST-ZIP				-ST-ZIP						
TITLE NAME			TITLE	i		÷			# 1 = # 2 = 4 · ·	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP			DO NOT WE	RITE		
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							(3)(i), Florida Statutes. I further			

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

954-764-0404

Date

Daytime Phone #

October 1, 2003

Florida Department of State Division of Corp PO Box 6327 Tallahassee, FL 32314

RE: Document #P99000021837 - MR GENTRY CORPORATION

To Whom It May Concern:

I am writing this letter to inform you that I never received my 2001, 2002 and 2003 Uniform Business Reports. Upon calling the Department of Revenue I was informed that the report had been sent to the wrong address. It should have been sent to 9 SW 13<sup>th</sup> Street, Fort Lauderdale, FL, 33315 and it was not. Per the Department of Revenue, I am writing this letter and enclosing a check for the \$450.00 for the original fees. I respectfully request that the Department of Revenue process my UBR and check, in addition wave all late fees.

If you have any questions, please contact me.

Sincerely,

Alonzo Gentry