

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033067

1. Entity Name

PURPLE RAIN PROPERTIES 102 INC.

Principal Place of Business

Mailing Address

4691 N UNIVERSITY DR  
SUITE 309  
CORAL SPRINGS FL 33067

4691 N UNIVERSITY DR  
SUITE 309  
CORAL SPRINGS FL 33067-4620

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90065 020 \*\*\*150.00

00016831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4630 University

3. Mailing Address

4630 University

Suite, Apt. #, etc.

PMB 309

Suite, Apt. #, etc.

PMB 309

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

☒ 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

KURZBAN, KURZBAN, WEINGER & TETZELI, P.A.  
2650 SW 27TH AVE 2ND FLOOR  
MIAMI FL 33133

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 \$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 PD  
NAME VAN SCHALKWYK, AREN  
STREET ADDRESS 4691 N UNIVERSITY DR #309  
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 4630 University PMB 309  
STREET ADDRESS Coral Springs FL 33067  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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]* (AREN VAN SCHALKWYK)

02-01-2000

(54) 638674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #