

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000038141****1. Entity Name**
ENGLEWOOD COMMERCE CENTER, INC.

Principal Place of Business 1657 TYLER STREET HOLLYWOOD FL 33020	Mailing Address 1657 TYLER STREET HOLLYWOOD FL 33020
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2. Principal Place of Business 1657 TYLER STREET SUITE 300	3. Mailing Address 1657 TYLER STREET SUITE 300
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
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Zip 33020	Country	Zip 33020	Country
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4. FEI Number 65-0913693	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**JAFARMADAR GHASEM**
1657 TYLER STREET

HOLLYWOOD FL 33020**7. Name and Address of New Registered Agent**

Name JAFARMADAR GHASEM
Street Address (P.O. Box Number is Not Acceptable) 1657 TYLER STREET SUITE 300
City HOLLYWOOD FL Zip Code 33020

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 GHASEM JAFARMADAR****04/22/2000**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JAFARMADAR GHASEM 1657 TYLER STREET SUITE 300 HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 GHASEM JAFARMADAR****PPES 04/22/2000**