

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038786

1. Entity Name

FASS 24 ORGANIZATION WHOLESALE SUPPLY & INVESTME

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90003 022 ***550.00

0117468 AT

9

Principal Place of Business

2340 S. STATE ROAD 7
 MIRAMAR FL 33023

Mailing Address

PO BOX 471614
 MIAMI FL 33247

2. Principal Place of Business

2111 SW 60 way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

4. FEI Number

65-0220593

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

Country

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

ADERINOKUN, ADEOLA C

5903 S W 21ST STREET

HOLLYWOOD FL 33023

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
 ADERINOKUN, ADEOLA C
 5903 S W 21ST STREET
 HOLLYWOOD FL 33023

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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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: 

REQUIRED

7/30/01

Date

Daytime Phone #

CR2E034 (5/01)