

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045631

1. Entity Name

LANDSHARK IMMOBILIZATIONS, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90037 041 ***150.00

Principal Place of Business

Mailing Address

1040 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

1040 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304-2219

2. Principal Place of Business

3. Mailing Address

1975 E. Sunrise Blvd

1975 E. Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 821

Suite 821

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

Zip

Country

33304

USA

Zip

Country

33304

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, CRAIG E
1040 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

Name

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

1975 E. Sunrise Blvd

Suite 821

City

FT. LAUDERDALE

FL

Zip Code

33304

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 ☐ Delete
NAME D
STREET ADDRESS JORDAN, CRAIG E
CITY-ST-ZIP 1040 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME DPVTS
STREET ADDRESS CRAIG JORDAN
CITY-ST-ZIP 1975 E. Sunrise Blvd, Suite 821
FT. LAUDERDALE FL 33304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG JORDAN

Date

4-18-00

Daytime Phone #

954-525-0791

CR2E034 (9/99)