

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90184 004 \*\*\*150.00

**DOCUMENT # P99000052145**

1. Entity Name

**SLOOTSKY HOLDINGS, INC.**

Principal Place of Business

**1415 E SUNRISE BLVD. SUITE 600  
FT LAUDERDALE FL 33304**

Mailing Address

**1415 E SUNRISE BLVD. SUITE 600  
FT LAUDERDALE FL 33304-2347**

2. Principal Place of Business

**1630 N. Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**1630 N Federal Hwy**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**USA**

6. Name and Address of Current Registered Agent

**SLOOTSKY, STEVEN  
1415 E SUNRISE BLVD, SUITE 600  
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

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

**1630 North Federal Hwy**

City

**Ft. Lauderdale, FL**

FL

Zip Code

**33305**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
SLOOTSKY, STEVEN  
1415 E SUNRISE BLVD, SUITE 600  
FT LAUDERDALE FL 33304**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**1630 N. Federal Highway  
Ft. Lauderdale, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/00**  
Date

**954 764 737**  
Daytime Phone #