

DOCUMENT # P99000052689

1. Entity Name

SEGAL HOLDINGS INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

01-28-2000 90206 033 ***150.00

Principal Place of Business

565 NW 97TH AVENUE
PLANTATION FL 33324

Mailing Address

565 NW 97TH AVENUE
PLANTATION FL 33324-4957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/o Rowe Show Place

3. Mailing Address

C/o Rowe Show Place

Suite, Apt. #, etc.

2201 W. Sample Road Bldg 8

Suite, Apt. #, etc.

2201 W. Sample Rd. Bldg 8

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

650925093

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGAL, GARY K
565 NW 97TH AVENUE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Gary K. Segal

Gary K. Segal

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	DPT	<input type="checkbox"/> Delete
NAME	SEGAL, GARY K	
STREET ADDRESS	565 NW 97TH AVENUE	
CITY - ST - ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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:

Gary K. Segal

01/25/2000 954-978-8557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #