

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000059576

1. Entity Name

SAM'S CONGRESS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90164 033 \*\*\*150.00

Principal Place of Business

2983 N. POWERLINE RD.  
POMPAHO BEACH FL 33069

Mailing Address

2983 N. POWERLINE RD.  
POMPAHO BEACH FL 33069-1011

2. Principal Place of Business

1072A E. NEWPORT CTR DR  
Suite, Apt. #, etc.

3. Mailing Address

1072A E. NEWPORT CTR DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Bch FL

City & State

Deerfield Bch FL

4. FEI Number

65-0965471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELMAN, EDWARD R  
2983 N. POWERLINE RD.  
POMPAHO BEACH FL 33069

7. Name and Address of New Registered Agent

Name  
Elman, Edward R  
Street Address (P.O. Box Number is Not Acceptable)

1072A E. NEWPORT CTR DR  
City  
Deerfield Bch FL Zip Code 33442

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	D	<input type="checkbox"/> Delete
NAME	ELMAN, EDWARD R	
STREET ADDRESS	2983 N. POWERLINE RD.	
CITY-ST-ZIP	POMPAHO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elman, Edward	
STREET ADDRESS	1072A E. NEWPORT CENTER DR	
CITY-ST-ZIP	Deerfield Bch FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

Date

954-978-8220

Daytime Phone #

CR2E034 (5/99)