

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000068191

1. Entity Name

SFX II, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90026 002 ***150.00

Principal Place of Business

Mailing Address

~~1602 N.W. 90TH WAY~~
~~PEMBROKE PINES FL 33024~~

1602 N.W. 90TH WAY
PEMBROKE PINES FL 33024-4653

2. Principal Place of Business

9501 Sheridan St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-0942601

Applied For

Not Applicable

Zip

Country

33024 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

LEO, JOSEPH A
1602 N.W. 90TH WAY
PEMBROKE PINES FL 33024

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 \$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	PD	<input type="checkbox"/> Delete
NAME	LEO, JOSEPH A	
STREET ADDRESS	1602 N.W. 90TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MICALE, PETER	
STREET ADDRESS	9430 LIVE OAK PLACE, APT. 101	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KURBAN, TRISH	
STREET ADDRESS	5450 S.W. 160TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33331	
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

954-435-2662

Daytime Phone #

CR2E034 (9/99)