## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000076877 Jan 28, 2000 8:00 am **Secretary of State** DEERFIELD-BOYNTON ENTERPRISES, INC. 01-28-2000 90101 013 \*\*\*150.00 Mailing Address Principal Place of Business 1429 SW 25 WAY, UNIT C 1429 SW 25 WAY, UNIT C BOYNTON BEACH FL 33426-8060 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address 1429 SW.25th WAY SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. いいて Applied For City & State City & State 4.-FEI-Numbe BOYNTON BEDICH Not Applicable Country U \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENBLUM, SIDNEY E Street Address (P.O. Box Number is Not Acceptable) 1429 SW 25 WAY, UNIT C **BOYNTON BEACH FL 33426** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 - -9. This corporation is eligible to satisfy its intangible... 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Thadiesign □ Delete TITLE TITLE JOE ROSEWALL NAME NAME CO'NAHART OFOS STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL. 33442 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Addition Change Defete TITLE SID ROSENBLUM NAME 1429 SW. 2544 WAY #C STREET ADDRESS STREET ADDRESS EDINTON BEACH, FL. 33426 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF Addition TITLE -TITLE -- Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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: