

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000077795

1. Entity Name

FLAXMAN INVESTMENT PROPERTIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-31-2000 90078 050 ***150.00

Principal Place of Business
5715 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address
5715 JOHNSON STREET
HOLLYWOOD FL 33021-5633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
105-0967621

Applied For
Not Applicable

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

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

Name
CHARLES FLAXMAN

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

5715 JOHNSON STREET

City HOLLYWOOD FL Zip Code 33021

8. The above named entity certifies 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

1/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLAXMAN, CHARLES
5715 JOHNSON STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES FLAXMAN

Date

Daytime Phone #

1/19/00 954-987-0099

CR2: 3034 (3/99)