

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000087713**

1. Entity Name **CYPRESS HOLDINGS CORP**

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90008 048 ***150.00

Principal Place of Business Mailing Address
16903C Isle of Palm Dr
Delray Beach FL 33484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0952628

Applied

Not App

Zip

Country

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

Mitchell T. Marac
16903-C Isle of Palm Drive
Delray Beach FL 33484

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 Max Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE **PD Saul Boyman** ☐ Delete
NAME
STREET ADDRESS **16903-C Isle of Palm Dr**
CITY-ST-ZIP **Delray Beach FL 33484**

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

TITLE **SECRETARY/Treasurer** ☐ Delete
NAME **Saul Boyman**
STREET ADDRESS **16903-C Isle of Palm Dr**
CITY-ST-ZIP **Delray Beach FL 33484**

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

TITLE ☐ Delete
NAME
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Saul Boyman** **SAUL BOYMAN**

4-14-00

561-498-740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #