

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00 00001 005 0150 00 0150 00

DOCUMENT # P99000091952

1. Entity Name

GEORGE FAMILY ENTERPRISE, INCORPORATED

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

05-01-2000 90384 025 ***150.00

Principal Place of Business Mailing Address
5901 NORTHWEST 151ST ST STE #210
LAKES FL 33014

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida
Zip Country Zip Country
33169 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956907 Applied For
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
GEORGE, CHARLES W
5901 NORTHWEST 151ST ST STE #210
MIAMI LAKES FL 33014
7. Name and Address of New Registered Agent
Name MORRIS L. DREW
Street Address (P.O. Box Number is Not Acceptable)
3290 N.W. 47th STREET
MIAMI
City FL Zip Code 33142

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 Morris L. Drew MORRIS L. DREW 5/16/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, CHARLES W		NAME	Morris L. Drew	
STREET ADDRESS	5901 NORTHWEST 151ST ST STE #210		STREET ADDRESS	3290 NW 47th Street	
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Forestine Reece	
STREET ADDRESS			STREET ADDRESS	5901 NW 151st St, Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sarah Lee	
STREET ADDRESS			STREET ADDRESS	5901 NW 151st St, Suite 200	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Morris L. Drew 5/17/00 305-822-8752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)