

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90213 031 \*\*\*150.00

**DOCUMENT # P99000093299**

1. Entity Name  
**HEAVEN SENT LC ENTERPRISE, INC.**

R

Principal Place of Business  
**3474 PALLADIAN CIRCLE**  
**DEERFIELD BEACH FL 33442**

Mailing Address  
**3474 PALLADIAN CIRCLE**  
**DEERFIELD BEACH FL 33442**



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

**65-0956473**

Applied For

Not Applicable

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

**FISCHLER, MICHAEL A ESQ.**  
**FISCHLER & FRIEDMAN, P.A.**  
**116 SOUTHEAST 6TH COURT**  
**FORT LAUDERDALE FL 33301**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**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 ☐ Delete  
 NAME **SOLE CORPORATE OFFICER**  
 STREET ADDRESS **LORI CRISTIN COOK- ANNUNZIATA**  
 CITY-ST-ZIP **3474 PALLADIAN CIR.**  
**DEERFIELD BCH, FL 33442**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Lori Cristin Cook-Annunziata*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LORI C. COOK- ANNUNZIATA**

Date

**(954) 360-7012**

Daytime Phone #

CR2E034 (5/00)

Florida Dept of STATE

ENTERP.

Aug 7.00

As per our conversation enclosed is the corrected form and a copy of

H.O. Claim which occurred on June 16, 2000 leaving me unable to occupy my home and/or receive mail.

Construction has not been completed and problem with Ins. Co prevented an immediate response.

A Fla Ins. Complaint was filed with Ft. Lauderdale Specialist Harry.

Thank you for your help & patience regarding this matter.

Sincerely

Eric L. Cook Attorney at Law  
Heaven SENT ENTERP. Inc.

## PARTIAL - 2ND ADVANCE PAYMENT

## SWORN STATEMENT IN PROOF OF LOSS

TO

\$ 144,000.00

Amount of Policy at Time of Loss

DEERFIELD BEACH, FL

Agency At

CNA REINSURANCE

INSURANCE COMPANY

FUTURITY INSURANCE, INC.

Agent

PY 4000043299

107567

CNA - 000840

Policy Number

Agency At

Agent

LORIE COOK - ANNUNZIATA

By the above indicated policy of insurance you insured

3474 PALLADIAN CIRCLE DEERFIELD BEACH, FL 33442

against loss by WATER DAMAGE upon the property described according to the terms and conditions of said policy and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A WATER DAMAGE loss occurred about 7 o'clock A M., on the 15 day of JUNE 2000. The cause and origin of said loss were: PLUMBING LINE IN 2nd FLOOR MASTER BATHROOM BROKE, FLOODING AREAS ON BOTH FLOORS

Property involved in Claim: WELLING AND TENTS

Occupancy: The building described or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: PERSONAL RESIDENCE

Title and Interest: At the time of the loss the interest of your insured in the property described herein was OWNER. No other person or entity had any interest therein or incumbrance thereon, except:

BANK OF AMERICA MTC

Changes: Since the above policy was issued there has been no change in title, use or possession of said property, except:

NO CHANGES

The total insurance covering the described property including this policy and all other policies (whether valid or not), binders or agreements to insure and at time of loss: 144,000.00

Full Replacement Cost of said property at time of loss: 144,000.00

Full Cost of Repair or Replacement (2ND ADVANCE PAYMENT) \$ 5,000.00

Applicable Depreciation \$ ( )

☒ Actual Cash Value Loss ☐ Replacement Cost Loss \$ 5,000.00

Less deductibles and/or participation by the insured \$ ( )

☐ Actual Cash Value Loss ☐ Replacement Cost Loss \$ 5,000.00

Supplement Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage which   days from date of loss will not exceed \$

I, the undersigned, did not originate by any act, design or procurement of the insured, or this subscriber; no thing has been done by or with the privity or consent of the insured or this subscriber to violate the conditions of this policy; no articles are mentioned herein or in an annex or schedules but such as were in the building damaged or destroyed, belonging to and in possession of the insured at the time of loss; no property saved as being repaired and no attempt to deceive the company has been made. Any other information that may be required will be furnished and considered a part of this report.

I have expressly understood and agreed that the furnishing of this blank to the insured or the assignee of the insured is not a waiver of any rights of said insured or of any of the conditions of this policy.

State of

County of

Subscriber and sworn to before me this   day of   2000