

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **R9900093751**

1. Entity Name

Elli's And Emma B. POPE Inc.

FILED

00 MAR 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2768 N.W. 6th St
Pompano Bch. Fla
33069**

Mailing Address

**P.O. Box 8538
MARGATE Florida
33093**

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

Applied For ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Applied For

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Emma Pope

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

2768 N.W. 6th Street

City

Pompano Bch. Fla

FL

Zip Code

33069

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **Pope, Elli's**
CITY-ST-ZIP **2768 N.W. 6th Street
Pompano Bch. Fla 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003196929--9**
CITY-ST-ZIP **-04/05/00--01070--016**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **Pope, Emma B.**
CITY-ST-ZIP **2768 N.W. 6th Street
Pompano Bch. Fla 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: **Emma Pope** **Emma Pope**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-11-2000**

Daytime Phone # **954-974-6949**

KE

CR2E034 (9/99)