

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111511

1. Entity Name  
SOUTH FLORIDA TICKET DEFENSE CENTER, INC.

Principal Place of Business  
100 SE 3RD AVENUE, SUITE 1615  
FT LAUDERDALE FL 33394

Mailing Address  
100 SE 3RD AVENUE, SUITE 1615  
FT LAUDERDALE FL 33394

2. Principal Place of Business  
292 S. University Dr.  
Suite, Apt. #, etc.  
292

3. Mailing Address  
292 S. University Dr.  
Suite, Apt. #, etc.  
292

City & State  
Plantation FL  
Zip  
33324  
Country  
USA

City & State  
Plantation FL  
Zip  
33324  
Country  
USA

4. FEI Number 65-0970155  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

METZ, MICHAEL ESQ  
100 SE 3RD AVENUE, SUITE 1615  
FT LAUDERDALE FL 33394

## 7. Name and Address of New Registered Agent

Name Michael Metz  
Street Address (P.O. Box Number is Not Acceptable)  
292 S. University Dr #292  
City Plantation FL Zip Code 33324

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 Michael Metz 8/27/01  
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 12, 2001 Fee 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	METZ, MICHAEL ESQ	100 SE 3RD AVENUE, SUITE 1615	FT LAUDERDALE FL 33394	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	metz, Michael	292 S. University Dr. #292	Plantation, FL 33324	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Metz 8/27/01 954-761-2300  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

FILED  
Sep 05, 2001 8:00 am  
Secretary of State  
09-05-2001 90007 024 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

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