

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28944

1. Entity Name

SEND 4, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90070 019 ***150.00

Principal Place of Business

Mailing Address

5947 S. UNIVERSITY DR.
DAVIE FL 33328

5947 S. UNIVERSITY DR.
DAVIE FL 33328-6112

2. Principal Place of Business

3. Mailing Address

5967 S. University Dr.
Suite, Apt. #, etc.

5967 S. University Dr.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0239438

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

ABRAMSON, BRUCE M.
5947 S. UNIVERSITY DR.
DAVIE FL 33328

Name

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

5967 S. University Dr.
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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ABRAMSON, BRUCE M.
5947 S. UNIVERSITY DR
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5967 S. University Dr. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BROWN, MICHAEL B.
5947 S. UNIVERSITY DR
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5967 S. University Dr. ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

954-434-4774

CR2E034 (9/99)