

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36299

1. Entity Name

21ST CENTURY HOLDING COMPANY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90063 008 ***158.75

Principal Place of Business

4161 N.W. 5TH STREET
PLANTATION FL 33317
US

Mailing Address

P O BOX 5347
FT LAUDEDALE FL 33310-5347
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0248866

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	RONALD A. RAYMOND	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWSON, EDWARD J.	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, CARLA L.	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWSON, MICHELE V.	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPSTEIN, JOSEPH A	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, WALLACE J	
STREET ADDRESS	4161 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Lawson

Date

Daytime Phone #

(954)
581-9993

CR2E034 (9/99)