

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90282 038 \*\*\*158.75

**DOCUMENT # S36299**

1. Entity Name

**21ST CENTURY HOLDING COMPANY**

Principal Place of Business

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

Mailing Address

**P O BOX 5347  
FT LAUDEDALE FL 33310  
US**

**709463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 407193**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. Lauderdale, FL**

4. FEI Number

**65-0248866**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33340**

**U.S.**

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

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

Name

**James A. Epstein**

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

**4161 N.W. 5th Street**

City

**Plantation**

FL

Zip Code

**33317**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**James A. Epstein**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**1-24-01**

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, 2001 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RONALD A. RAYMOND</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDEDALE FL 33317</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWSON, EDWARD J.</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDEDALE FL 33317</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEONARD, CARLA L.</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDEDALE FL 33317</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWSON, MICHELE V.</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT. LAUDEDALE FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EPSTEIN, JOSEPH A</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDEDALE FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIARD, WALLACE J</b>	
STREET ADDRESS	<b>4161 NW 5TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDEDALE FL 33317</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert E. McNally</b>	
STREET ADDRESS	<b>4161 NW 5 street</b>	
CITY-ST-ZIP	<b>Plantation, FL 33317</b>	
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		
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Edward J. Lawson**  
Date

Date

Daytime Phone #

**1-24-01 581-9993**

CR2E034 (10/00)