

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67405

Entity Name
INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90023 004 ***150.00

Place of Business

Mailing Address

CIRCLE WEST
PO BOX 33437

C/O PUDER.M
8419 TWIN LAKE DR
BOCA RATON FL 33496-1923
US

A0047645



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

13930 Max Place

5235 Princeton Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

Boynton Beach FL

Boca Raton FL

4. FEI Number

65-0362046

Applied For

Not Applicable

33436

Country

usa

33496

Country

usa

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

PUDER, MICHAEL
8419 TWIN LAKE DR
STE 104
BOCA RATON FL 33496

Name

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

5235 Princeton Way

City

Boca Raton

FL

Zip Code

33496

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Corporation is eligible to satisfy its Intangible Filing requirement and elects to do so. (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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPTS
PUDER, MICHAEL S.
8419 TWIN LAKE DR
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5235 Princeton Way
Boca Raton FL 33496

☒ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 stated 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

Michael S. Puder 4-20-00 (561) 738-7777

Date

Daytime Phone #

CR2E034 (9/99)