

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71363

1. Entity Name

FDN ENTERPRISES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90113 003 ***150.00

Principal Place of Business

13195 NW 47 AVE
OPA LOCKA FL 33054
US

Mailing Address

13195 NW 47 AVE
OPA LOCKA FL 33054
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 65-0361771

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRIGER, MOISES
13195 NW 47 AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

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

City

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, 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

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | KRIGER, MOISES | |
| STREET ADDRESS | 13185 N.W. 47TH AVE. | |
| CITY - ST - ZIP | OPA LOCKA FL 33054 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | KRIGER, NELSON E. | |
| STREET ADDRESS | 13185 N.W. 47TH AVE. | |
| CITY - ST - ZIP | OPA LOCKA FL 33054 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | KRIGER, LIDIA | |
| STREET ADDRESS | 13185 NW 47TH AVE. | |
| CITY - ST - ZIP | OPA LOCKA FL 33054 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | KRIGER, FRANK J. | |
| STREET ADDRESS | 13185 NW 47TH AVE. | |
| CITY - ST - ZIP | OPA LOCKA FL 33054 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | SYGER, DIANNE | |
| STREET ADDRESS | 13185 NW 47TH AVE. | |
| CITY - ST - ZIP | OPA LOCKA FL 33054 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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

Frank J Kriger

Date

11/10/01

Daytime Phone #

(305) 688-6054

CR2E034 (10/00)