

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90780 020 ***150.00

DOCUMENT # V71363

1. Entity Name

FDN ENTERPRISES, INC.

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

13185 NW 47th Ave

3. Mailing Address

13185 NW 47th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Opa Locka, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

65-0361771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

Kruger, Moises

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

13185 NW 47th Avenue

City

Opa Locka

FL

Zip Code

33054

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

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, 2002 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** ☐ Delete
 NAME **KRIGER, MOISES**
 STREET ADDRESS **13185 N.W. 47TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **DV** ☐ Delete
 NAME **KRIGER, NELSON E.**
 STREET ADDRESS **13185 N.W. 47TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **DS** ☐ Delete
 NAME **KRIGER, LIDIA**
 STREET ADDRESS **13185 NW 47TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **DVT** ☐ Delete
 NAME **KRIGER, FRANK J.**
 STREET ADDRESS **13185 NW 47TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **DS** ☒ Delete
 NAME **SYGER, DIANNE**
 STREET ADDRESS **13185 NW 47TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

1/10/02 (35) 688-5731

Date

Daytime Phone #

CR2E034 (9/01)