## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # 490721** 1. Entity Name BECKER & POLIAKOFF, P.A. 01-27-2000 90044 012 \*\*\*150.00 Principal Place of Business Mailing Address 3111 STIRLING RD. 3111 STIRLING RD. FORT LAUDERDALE FL 33312-6566 FORT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1640708 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD H. BREIT MANNE, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING RD. FT LAUDERDALE FL 33312 RUAD STIRLING ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above game RICHARD H BRIEIT SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD ☐ Addition TITLE ☐ Delete POLIAKOFF, GARY, A NAME 3111 STIRLING RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ■ Addition Delete TITI F TITLE BECKER, ALAN S. NAME NAME 3111 STIRLING RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP 💢 Delete TITLE TITLE BREIT, RICHARD MANNE. ROBERT. J & NAME NAME 3111 Stirling Road STREET ADDRESS 3111 STIRLING RD. STREET ADDRESS Fort Landerdale Fl 33317 CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIF Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

indicated on this report or supplies entral report the corporation or the receiver of trustees changed, or on an attachment with an address It 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE