

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 740804**

1. Entity Name

THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 30 PM 3:03

Principal Place of Business

Mailing Address

5871 N. UNIVERSITY DR.
#300
TAMARAC FL 33321
USP O BOX 26792
TAMARAC FL 33320-6792
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1781622

Applied For

Not Applicable

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

KAHN, CORINNE
2600 N MILITARY TRAIL
STE 400
BOCA RATON FL 33431

Name

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

City

FL

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	RICHMAN, CRAIG	
STREET ADDRESS	600 CORPORATE DR. SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	P	☒ Change ☐ Addition
NAME	Richard Goldberg	
STREET ADDRESS	3230 W. Commercial Blvd	
CITY-ST-ZIP	Ft. Laud, FL 33309	

TITLE	VP	☐ Delete
NAME	BLAKEMORE, ED	
STREET ADDRESS	1200 S. PINE ISLAND RD., #140	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	VP	☒ Change ☐ Addition
NAME	Mr. Sigel	
STREET ADDRESS	600 Corporate Dr.	
CITY-ST-ZIP	Ft. Laud, FL 33334	

TITLE	T	☐ Delete
NAME	GOLDBERG, RICHARD	
STREET ADDRESS	3230 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	

TITLE	VP	☐ Change ☒ Addition
NAME	Robert Elliot	
STREET ADDRESS	3230 W. Commercial Blvd	
CITY-ST-ZIP	Ft. Laud, FL 33309	

TITLE	D	☒ Delete
NAME	DUNSFORD, CHUCK	
STREET ADDRESS	17749 SW 2 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	T	☐ Change ☒ Addition
NAME	Joel Miller	
STREET ADDRESS	1200 S. Pine Island Rd #300	
CITY-ST-ZIP	Plantation FL 33324	

TITLE	D	☐ Delete
NAME	SIGEL, MARC	
STREET ADDRESS	600 CORPORATE DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	

TITLE	D	☐ Change ☒ Addition
NAME	Larry Smith	
STREET ADDRESS	3230 W. Commercial Blvd	
CITY-ST-ZIP	Ft. Laud FL 33309	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	Ed Blakemore	
STREET ADDRESS	1200 S Pine Island Rd	
CITY-ST-ZIP	Pembroke Pines FL 33324	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-486-9003

CR2E037 (9/99)