

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90042 044 \*\*\*150.00

**DOCUMENT # F93000002281**

1. Entity Name  
**MOSHE SAFDIE AND ASSOCIATES, INC.**

Principal Place of Business 100 PROPERZI WAY SOMERVILLE MA 02143	Mailing Address 100 PROPERZI WAY SOMERVILLE MA 02143-3740
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2. Principal Place of Business <i>As above</i>	3. Mailing Address <i>As Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <b>04-2647253</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required.
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HYAS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTCD	<input type="checkbox"/> Delete
NAME	SAFDIE, MOSHE	
STREET ADDRESS	7 WATERHOUSE STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02138	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUSLOW, WILLIAM A	
STREET ADDRESS	4 HAWTHORN STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02138	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANCO, ISAAC	
STREET ADDRESS	112 HYDE STREET	
CITY-ST-ZIP	NEWTON MA 02161	
TITLE	V	<input type="checkbox"/> Delete
NAME	<i>Mathison, Warren</i>	
STREET ADDRESS	<i>225 Walden Street</i>	
CITY-ST-ZIP	<i>Cambridge MA 02140</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)