

# 2000 UNIFORM BUSINESS REPORT (UBR)

CR00734

DOCUMENT # **F970000002806**  
 1. Entity Name  
**2825 Associates Corp.**

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**751 PARK OF COMMERCE DRIVE SUITE 128 BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

091-02

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 **52-2036058** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Florida Hawkdoc, Inc**  
**222 Lakeview Ave - 4th Fl**  
**West Palm Beach, FL 33402**

7. Name and Address of New Registered Agent  
 Name **Nancy B. Colman, Esq**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Dixie Baritz & Colman**  
**150 E. Palmetto Park Rd - Ste 401**  
 City **Boca Raton** FL Zip Code **33432**

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 **Nancy B. Colman** DATE **8/14/00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P Martin Pechter</b> <b>751 Park of Commerce Dr #128</b> <b>Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200003398282--6</b> <b>-09/19/00--01/15/00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>****908.75 ****908.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP Jack Pechter</b> <b>751 Park of Commerce Dr #128</b> <b>Boca Raton, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT 99-00 TS**

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]** DATE: **4-26-00** (561) 982-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR