

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

0032290 AV

DOCUMENT # **P00000059936**

1. Entity Name  
**MARTIN B. SACHS AND ASSOCIATES, INC.**

*LA*

07-24-2001 90006 040 \*\*\*150.00

Principal Place of Business      Mailing Address  
**6291 NW 95TH LANE**      **6291 NW 95TH LANE**  
**PARKLAND FL 33076**      **PARKLAND FL 33076**



DO NOT WRITE IN THIS SPACE

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 **65-1017685**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SACHS, MARTIN B**  
**6291 NW 95TH LANE**  
**PARKLAND FL 33076**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SACHS, MARTIN B</b> <input type="checkbox"/> Delete <b>6291 NW 95TH LANE</b> <b>PARKLAND FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. Sachs* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-19-01** Daytime Phone # **954-227-1095**

CR2E034 (5/01)



*Attachment*  
*# P00000059936*  
*773061*  
**Martin B. Sachs and Associates, Inc.**  
Insurance Claims Adjusters and Consultants

July 18, 2001

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Reference: UBR Document Number: P00000059936  
Entity Name: Martin B. Sachs & Associates, Inc.

Dear Sir or Madam:

We have received a late notice UBR from you. Our records indicate that we never received the original UBR between January and May of this year. We are a new, small business and pay close attention to correspondence from the state. A fee of \$550.00 would present a hardship for us. Please accept the attached original fee in the amount of \$150.00 along with the UBR.

We will make a note on our calendar to watch for the report next year and if it is not received in a timely fashion, we will log on to your website or contact you requesting replacement before this matter arises again. Thanking you in advance.

Yours truly,  
*Martin B. Sachs*  
Martin B. Sachs

MBS/ljs