

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058127

1. Entity Name

D. BUDNER & ASSOCIATES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90036 040 ***150.00

Principal Place of Business

Mailing Address

8177 W GLADES ROAD #219
BOCA RATON FL 33434

8177 W GLADES ROAD #219
BOCA RATON FL 33434-4022

2. Principal Place of Business

3. Mailing Address

17682 SEALANES DR
Suite, Apt. #, etc.

17682 SEALANES DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON

City & State
BOCA RATON

4. FEI Number 65-0603685

Applied For
Not Applicable

Zip
33498

Country

Zip
33498

Country

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

BUDNER, MORDECAI
8177 W GLADES ROAD #219
BOCA RATON FL 33434

Name

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

17682 SEALANES DRIVE

City BOCA RATON

FL

Zip Code 33498

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

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 PD
NAME BUDNER, DORIS
STREET ADDRESS 8177 W GLADES ROAD #219
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSTD
NAME BUDNER, MORDECHAI
STREET ADDRESS 8177 W GLADES ROAD #219
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Doris Budner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #