

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90068 036 ***150.00

0254065 AV

DOCUMENT # **P99000017084**

1. Entity Name
PEARL SIEGAL FAMILY HOLDINGS, INC.

Principal Place of Business Mailing Address
3900 ISLAND BLVD APT 203-B **3900 ISLAND BLVD APT 203-B**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**



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 **65-0916938** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NELSON, BARRY A
19495 BISCAYNE BLVD
SUITE 609
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **NELSON, BARRY A 40 NELSON + ASSOC. PA**
 Street Address (P.O. Box Number is Not Acceptable)
2775 SUNNY ISLES BLVD
SUITE 110
 City **NMB** FL Zip Code **33160**

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 **3/22/02**
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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	SUTTIN, DORIS B
STREET ADDRESS	3900 ISLAND BLVD APT 203-B
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	ANDALMAN, MARLENE J
STREET ADDRESS	3511 RIVERA COURT
CITY-ST-ZIP	SUGARLAND TX 77479
TITLE	D <input type="checkbox"/> Delete
NAME	SIEGAL, LAWRENCE M
STREET ADDRESS	833 GLADSTONE DR
CITY-ST-ZIP	VERNON HILLS IL 60061
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  **REQUIRED** Date **2-26-02** Daytime Phone # **305-937-1509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)