

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-21-2000 90004 029 ***550.00

DOCUMENT # P99000053986

1. Entity Name

ZUCKERMAN MANAGEMENT ASSOCIATES, INC. ✓

Principal Place of Business

1111 LINCOLN ROAD SUITE 740
 MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD SUITE 740
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

3456 PRAIRIE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~MIAMI BEACH~~

City & State

MIAMI BEACH, FL

4. FEI Number

65-0927089

Applied For

Not Applicable

Zip

Country

Zip **33140**

Country **U.S.A.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

AUU68843



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, ETHAN W
5300 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2339

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

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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** Delete
 NAME **ZUCKERMAN, MATTHEW**
 STREET ADDRESS **1111 LINCOLN ROAD SUITE 740**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** Change Addition
 NAME **ZUCKERMAN, MATTHEW**
 STREET ADDRESS **1111 LINCOLN ROAD SUITE 740**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **SECRETARY / TREASURER** Change Addition
 NAME **NANCY MARKOVITCH**
 STREET ADDRESS **22263 LARKS PUR TRAIL**
 CITY-ST-ZIP **BOCA RATON, FLORIDA 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Matthew M. Zuckerman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW M. ZUCKERMAN

7/17/2000
 Date

305 538 2954
 Daytime Phone #

CR2E034 (3/00)