

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004796

1. Entity Name

FIRST STEKACHINOR SICK & BENEVOLENT ASSOCIATION,

Principal Place of Business

1847 N.W. 127TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address

1847 N.W. 127TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

8280 SUNRISE LAKES BLVD

3. Mailing Address

8280 SUNRISE LAKES BLVD

Suite, Apt. #, etc.

Bldg 56 - Apt 105

Suite, Apt. #, etc.

Bldg 56 - Apt 105

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33322

Country

Zip

33322

Country

4. FEI Number

65-0794368

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSHAH, HOWARD

1847 N.W. 127TH AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

HOWARD S. BOSHAH

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

8280 SUNRISE LAKES BLVD

Bldg 56 - Apt 105

City

SUNRISE

FL

Zip Code

33322

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

Howard S. Boshah

ADL

4/16/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME FSD BOSHAK, HOWARD S. ☐ Delete
STREET ADDRESS 1847 NW 127TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE NAME PD HENDLER, MURRAY ☐ Delete
STREET ADDRESS 7204 ASHFORD LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE NAME VPD BOSHAK, HARRIS ☐ Delete
STREET ADDRESS 225 E. WOODSIDE AVE
CITY-ST-ZIP PATCHOGUE NY 11772

TITLE NAME TD KANER, MURRAY ☐ Delete
STREET ADDRESS 30 STONER AVE APT. 2F
CITY-ST-ZIP GREAT NECK NY 11021

TITLE NAME BOSHAK, ILENE A ☒ Delete
STREET ADDRESS 1847 NW 127TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 8280 SUNRISE LAKES BLVD 56-105
CITY-ST-ZIP SUNRISE FL. 33322

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard S. Boshah

Date

4/16/01 954-916-6112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

A0054465



DO NOT WRITE IN THIS SPACE

0033839

CR2E037 (10/00)