

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90997 017 \*\*\*150.00

**DOCUMENT # P94000080068**

1. Entity Name

**3195, INC.**

Principal Place of Business

Mailing Address

**3195 N POWERLINE RD  
SUITE 104  
POMPANO BEACH FL 33069**

**3195 N POWERLINE RD  
SUITE 104  
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

**1000 E. Hillsboro Boulevard  
Ste 100  
Deerfield Beach, FL 33441**

**1000 E. Hillsboro Boulevard  
Ste 100  
Deerfield Beach, FL 33441**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0567670**

Applied For  
Not Applicable

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

**BRENNER, SCOTT F  
3195 NORTH POWERLINE ROAD #104  
POMPANO BEACH FL 33069**

Name **SAME**  
**1000 E. Hillsboro Boulevard  
Ste 100  
Deerfield Beach, FL 33441**

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its register.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOPELMAN, MARC A</b> <b>3195 N POWERLINE RD SUITE 104</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOROWITZ, BRIAN</b> <b>3195 N POWERLINE RD SUITE 104</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOROWITZ, HYMAN B</b> <b>3195 N POWERLINE RD #104</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRENNER, SCOTT F</b> <b>3195 N POWERLINE RD</b> <b>POMPANO BEACH FL 33069</b>	<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	<b>Marc Kopelman</b> <b>1000 E. Hillsboro Blvd., Suite 100</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brian Horowitz</b> <b>1000 E. Hillsboro Blvd., Suite 100</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hy Horowitz</b> <b>1000 E. Hillsboro Blvd., Suite 100</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott Brenner</b> <b>1000 E. Hillsboro Blvd., Suite 100</b> <b>Deerfield Beach, FL 33441</b>	<input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

U135/29