

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 342273

1. Entity Name

BORUCH-DAVID INC.

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90003 045 ***550.00

Principal Place of Business

Mailing Address

2100 N. ATLANTIC AVENUE
SUITE 608
COCOA BEACH FL 32931
US

2100 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

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 59-1406370

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

BAUM, SEYMOUR
2100 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

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 ☒
(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 PD ☐ Delete
NAME BAUM, SEYMOUR
STREET ADDRESS 2100 N. ATLANTIC AVENUE
CITY-ST-ZIP COCOA BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0080019

CR2E034 (10/00)

Attachment

Dr. # 342273
774263



Department of the Treasury
Internal Revenue Service

2000

Form 1040-V, Payment Voucher

► See instructions above.

Do not use Form 1040-V to pay quarterly estimated taxes. Use it **only** to pay any balance due shown on line 69 of your **2000 Form 1040**. See inst. above.

Enter the amount you are paying
by check or money order.

\$ 192

Cross out any errors and print the correct information.

062-26-5597

OMB No. 1545-0074

For Paperwork Reduction Act Notice, see Form 1040-ES Instructions.
07000820381

SEYMOUR BAUM
2100 N ATLANTIC AVE APT 608
COCOA BEACH FL 32931-5024

INTERNAL REVENUE SERVICE
PO BOX 105093
ATLANTA GA 30348-5093

062265597 JA BAUM 30 0 200012 610