

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 391474

1. Entity Name

ASSOCIATED CAPITAL CORPORATION

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90028 050 ***150.00

Principal Place of Business

Mailing Address

2067 SW 15 STREET #238
DEERFIELD BEACH FL 33442
US

2067 SW 15 STREET #238
DEERFIELD BEACH FL 33442-6168
US

2. Principal Place of Business

3. Mailing Address

1355 W. PALMETTO PK RD

1355 W. PALMETTO PK RD

Suite, Apt. #, etc.
#155

Suite, Apt. #, etc.
#155

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip
33486

Country

US

Zip
33486

Country

US

4. FEI Number

59-1369262

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

JACKSON, AVRUM L
2067 SW 15 STREET #238
DEERFIELD BEACH FL 33442

Name

AVRUM L. JACKSON

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

7283 VIA GENOVA

City

DELRAY BEACH FL

Zip Code

33446

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]

4/12/2000

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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	P JACKSON, AVRUM L 2067 SW 15 STREET #238 DEERFIELD BEACH FL 33442	<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		<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	P/S/T/D AVRUM L JACKSON 7283 VIA GENOVA DELRAY BEACH, FL 33446-3756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

4/13/2000

561-870-3666

Date

Daytime Phone #

CR 1034 (9/99)