2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 447834 1. Entity Name MARTIN M. SEIDMAN BROKERAGE COMPANY, INC.			FILED Mar 16, 2001 8:00 am Secretary of State 03-16-2001 90042 044 ***150.00
Principal Place of Business 1300 ST CHARLES AVE.	Mailing Address		
APT 221 PEMBROKE PINES FL 33026	APT 221 PEMBROKE PINES FL 3302	26	) INDIA BIRL DANK ANNA ING ANNA ING AND
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 59-1521831 Applied For Not Applicable
Zip Country 6. Name and Address of Curre	Zip	Country	<ul> <li>5. Certificate of Status Desired</li> <li>\$8.75 Additional Fee Required</li> <li>7. Name and Address of New Registered Agent</li> </ul>
SEIDMAN, BELLA K. 1300 ST CHARLES PLACE APT 221 PEMBROKE PINES FL 33026			ID MAN, MARTIN M. (P.O. Box Number is Not Acceptable) ST. CHARLES PLACE APT VV) JKE PINES FL Zincode St. CHARLES PLACE APT VV)
<ol> <li>The above named entity submits this statement</li> <li>SIGNATURE <u>MARTIN M. Set II</u> Signature, typed or printed name of registered age</li> <li>This corporation is eligible to satisfy its Intangli Tax filing requirement and elects to do so.</li> </ol>	D MAJ gent and title if applicable. (NOT	s registered office or registe Market Agent signature require III FEE IS \$150.00 001 Fee will be \$550.00	ad when reinstating) DATE 10. Election Campaign Financing \$5.00 May Be
(See criteria on back)		ble to Department of St	
TITLE PD	Delete South SED		10 MAN, MARTIN M. X Change Addition 300 ST! CHARLES PL. APT: 221 Jem Bloke Pines, FL 330-6
TITLE STD NAME SEIDMAN, MARTIN M. STREET ADDRESS 1300 ST CHALRES PL CITY-ST-ZIP PEMBROKE PINES FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME SEIDMAN, KENNETH STREET ADDRESS 1300 ST.CHARLES PL. CITY-ST-ZIP PEMBROKE PINES FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change CAddition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated on this report or supplemental repo of the corporation or the receiver or trustee er changed, or on an attachment with an addres SIGNATURE	rt is true and accurate and that i mpowered to execute this report	my signature shall have the t as required by Chapter 60 I.	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if 3-1/-2001 Date Datime Phone #