

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 569743

1. Entity Name

FREEDMAN REALTY AND BUSINESS SERVICES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90088 009 ***150.00

Principal Place of Business

Mailing Address

2101 CORPORATE BLVD
#317
BOCA RATON FL 33431
60

5157 MAJORCA CLUB DR
BOCA RATON FL 33486-8709
US

2. Principal Place of Business

3. Mailing Address

5157 MAJORCA CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

59-1821672

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

USA

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

FREEDMAN, JOSHUA
5157 MAJORCA CLUB DR.
SUITE 305
BOCA RATON FL 33486

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, 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 PD
NAME FREEMAN, JOSHUA
STREET ADDRESS 2101 CORPORATE BLVD, #317
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE JOSH PD
NAME FREEDMAN JOSHUA
STREET ADDRESS 5157 MAJORCA CLUB DR
CITY-ST-ZIP BOCA RATON FL 33486

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 #

3/20/00

561-395-347

CR2E034 (9/99)