

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 569743

1. Entity Name

FREEDMAN REALTY AND BUSINESS SERVICES, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90032 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2101 CORPORATE BLVD  
#317  
BOCA RATON FL 33431  
US

5157 MAJORCA CLUB DR  
BOCA RATON FL 33486  
US

2. Principal Place of Business

1035 NINGLIE DR C

3. Mailing Address

1035 NINGLIE DR C

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
BOCA RATON, FL

4. FEI Number 59-1821672

Applied For

Not Applicable

Zip  
33434

Country  
PALM BEACH

Zip  
33434

Country  
PALM BEACH

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.  
STW 405  
BOCA RATON FL 33486

Name JOSHUA FREEDMAN

Street Address (P.O. Box Number is Not Acceptable)  
1035 NINGLIE DR C

BOCA RATON

City

FL

Zip Code  
33434

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

TITLE PD  
NAME FREEDMAN, JOSHUA  
STREET ADDRESS 1035 NINGLIE DR C  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 561-483-6024

Date

Daytime Phone #

CR2E034 (10/00)