

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90346 029 ***150.00

DOCUMENT # 576359

1. Entity Name
STRAUSS AND WASSNER, INC.

Principal Place of Business
3200 S CONGRESS AVENUE
BOYNTON BCH. FL 33426

Mailing Address
3200 S CONGRESS AVENUE
BOYNTON BCH. FL 33426

2. Principal Place of Business

3. Mailing Address

509 NE 20 ST
 Suite, Apt. #, etc.

509 NE 20 ST.
 Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton, FL

Zip
33431

Country
P.B.

Zip
33431

Country
P.B.

4. FEI Number **59-1837734**

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

WASSNER, LINDA
5307 PIPING ROCK DR.
BOYNTON BCH. FL 33437

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 *Linda Wassner VP* *Linda Wassner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-02

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, 2002 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
VTS
WASSNER, LINDA
5307 PIPING ROCK DR.
BOYNTON BCH. FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
STRAUSS, MADELYN
887 BUTTONWOOD DR
BOCA RATON, FL 0 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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: *Linda Wassner V.P.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **561-736-7800**
 Date Daytime Phone #

CR2E034 (9/01)