

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90225 036 \*\*\*\*61.25

**DOCUMENT # 707205**

1. Entity Name  
**FORT LAUDERDALE MAGIC SOCIETY, INC.**

404765



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>C/O MURRAY WEINER<br>1402 NW 80TH AVE APT 504<br>MARGATE FL 33063<br>To JOE PERLMUTTER | Mailing Address<br>C/O MURRAY WEINER<br>1402 NW 80TH AVE APT 504<br>MARGATE FL 33063<br>To JOE PERLMUTTER |
| 2. Principal Place of Business<br>2515 BLUE SAGE AVE  | 3. Mailing Address<br>2515 BLUE SAGE AVE  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |

|                                   |                                  |                             |                               |
|-----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State<br>COCONUT CREEK FL. | City & State<br>COCONUT CREEK FL | 4. FEI Number<br>65-0010645 | Applied For<br>Not Applicable |
| Zip<br>33063                      | Country<br>USA                   | Zip<br>33063                | Country<br>USA                |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**WEINER, MURRAY**  
**MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **PERLMUTTER, JOE**  
 Street Address (P.O. Box Number is Not Acceptable) **2515 BLUE SAGE AVE**  
 City **COCONUT CREEK FL** Zip Code **33063**

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 *Joe Perlmutter* DATE **1/25/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                 |  |                             |  |
|---------------------------------|--|-----------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|--|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>RISKIN, MANNY<br>11909 MATARO AVE<br>BOYNTON BEACH FL 33437   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOROWITZ, MARK D<br>1500 SE 3RD CT<br>DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>WEINER, MURRAY<br>1402 NW 80TH AVE<br>MARGATE FL 33063        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>BERTUCELLI, LAWRENCE<br>3710 NW 88 AVE<br>SUNRISE FL 33351   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>LABUSH, PHIL<br>9360 NW 39ST<br>SUNRISE FL 33381              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>PERLMUTTER, JOE<br>2515 BLUE SAGE AVE<br>COCONUT CREEK, FL, 33063 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe Perlmutter* **SIGNATURE REQUIRED** DATE: **1/25/02** 954-977-5843

CR2E037 (9/01)