

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740804

1. Entity Name

THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS,

Principal Place of Business

5871 N. UNIVERSITY DR.  
#300  
TAMARAC FL 33321  
US

Mailing Address

P O BOX 26792  
TAMARAC FL 33320  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1781622

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KAHN, CORINNE  
2600 N MILITARY TRAIL  
STE 400  
BOCA RATON FL 33431

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GOLDBERG, RICHARD ☐ Delete  
STREET ADDRESS 3230 W. COMMERCIAL BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VP  
NAME SIGEL, MEA ☐ Delete  
STREET ADDRESS 600 CORPORATE DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE VP  
NAME ELIJOT, ROBERT ☐ Delete  
STREET ADDRESS 3230 W COMERCIAL BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE T  
NAME MILLER, JOEL ☐ Delete  
STREET ADDRESS 1200 S. PINE ISLAND RD., #300  
CITY-ST-ZIP PLANTATION FL 33324

TITLE D  
NAME SMITH, LARRY ☐ Delete  
STREET ADDRESS 3230 W. COMMERCIAL BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33307

TITLE D  
NAME BLAKEMORE, ED ☒ Delete  
STREET ADDRESS 1200 S. PINE ISLAND RD  
CITY-ST-ZIP PEMBROKE PINES FL 33324

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME Richard Goldberg ☒ Change ☐ Addition  
STREET ADDRESS 3230 W. Commercial Blvd  
CITY-ST-ZIP Ft. Laud. FL 33309

TITLE P  
NAME Sigel, Marc ☒ Change ☐ Addition  
STREET ADDRESS 600 Corporate Dr.  
CITY-ST-ZIP Ft. Laud. FL 33334

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

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

TITLE VP  
NAME Larry Smith ☒ Change ☐ Addition  
STREET ADDRESS 3230 W. Commercial Blvd  
CITY-ST-ZIP Ft. Laud. FL 33309

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

~~SIGNATURE REQUIRED~~

Marc G. Sigel - Pres

1-24-01

954938880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-31-2001 90188 039 \*\*\*\*61.25

28134



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)