

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90023 032 *****61.25

0033211

DOCUMENT # 766823

1. Entity Name

PLAYDIUM MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

% AL HINDERMAN
 1100 HILLCREST DRIVE
 HOLLYWOOD FL 33021
 US

% AL HINDERMAN
 1100 HILLCREST DRIVE
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2263251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HINDERMAN, AL
 1313 WASHINGTON STREET
 HOLLYWOOD FL 33019

Name

DAVID HINDERMAN

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

771 SW 121st AVENUE

City

DAVIE,

FL

Zip Code

33325

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  **DAVID HINDERMAN-MGR.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME FISHER, ALVIN
 STREET ADDRESS 4330 HILLCREST DR #514
 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE VD
 NAME ROSS, NAT
 STREET ADDRESS 3800 HILLCREST DR., APT. 202
 CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE VD
 NAME ELI COHEN
 STREET ADDRESS 4200 HILLCREST DR. APT. 403
 CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Change ☐ Addition

TITLE SD
 NAME LEAVITT, ROSE
 STREET ADDRESS 4650 WASHINGTON ST #405
 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE TD
 NAME ZUCKERBROD, SID
 STREET ADDRESS 4700 WASHINGTON ST 105
 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)