

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768168

1. Entity Name

333 MANAGEMENT CORPORATION

Principal Place of Business

3999 N. DIXIE HWY.
OAKLAND PARK FL 33324

Mailing Address

P.O. BOX 23266
OAKLAND PARK FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2293701

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

MCCULLEY, GERALD
509 N.W. 28TH COURT
WILTON MANORS FL 33311

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HUBBELL, ROBERT K
5301 S.W. 10TH ST.
PLANTATION FL 33317

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOCH, M. DAVID
2108 NW 3RD AVE
WILTON MANORS FL (WILTON MANORS) FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCULLEY, G. GERALD
509 N.W. 28TH COURT
WILTON MANORS FL

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BERNERT, DAVID R
163 KANSAS AVENUE
FT. LAUDERDALE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SOUCAR, ALBERT H.
1801 NE 42ND AVE
FT. LAUDERDALE, FL 33208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
RD
TORRES, HENRY M
2001 N.E. 17TH WAY
FT. LAUDERDALE FL 33305

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Zip 33305

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLAHERTY, JOHN T
5391 S.W. 58TH AVENUE
DAVIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAVENS, JOHN H.
3021 NE 16TH AVE
OAKLAND PARK, FL 33334

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 (9/01)

0074408