

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90034 001 ***150.00

DOCUMENT # F43570

1. Entity Name

IRA ASSOCIATES, INC.

Principal Place of Business

**2068 WINDWARD CIR
 FT LAUDERDALE FL 33326
 US**

Mailing Address

**2068 WINDWARD CIR
 FT LAUDERDALE FL 33326
 US**

2. Principal Place of Business

2068 Windward Cir
 Suite, Apt. #, etc.

3. Mailing Address

2068 Windward Cir
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

59-2118919

Applied For

Not Applicable

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEVAR, IRA
 2068 WINDWARD CIR
 FT LAUDERDALE FL 33326
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

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

IRA PEVAR

IRA PEVAR

1/30/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **PEVAR, IRA**
 CITY-ST-ZIP **2068 WINDWARD CIR**
FT LAUDERDALE FL 33326
WESTON, FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA PEVAR

Date

1-30-2001

Daytime Phone #

954 384 4344

CR2E034 (10/00)