

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90726 030 \*\*\*\*61.25

**DOCUMENT # F99000002791**

1. Entity Name

**P'TACH OF BALTIMORE, INC.**

Principal Place of Business

**4445 OLD COURT RD.  
 BALTIMORE MD 21208**

Mailing Address

**4445 OLD COURT RD.  
 BALTIMORE MD 21208**

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

**52-1275596**

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

**BENHAMOU, JACOB  
 4100 N. POWERLINE RD Y3  
 POMPANO BEACH FL 33073**

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 **P**  Delete  
 NAME **KLEIN, ISAAC**  
 STREET ADDRESS **10 N. CALVERT ST STE 530**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **GOLDSTEIN, SENA**  
 STREET ADDRESS **3800 W. STRATHMORE AVE**  
 CITY-ST-ZIP **BALTIMORE MD**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~**S**~~  Delete  
 NAME ~~**HOFFMAN, JUDITH**~~  
 STREET ADDRESS ~~**6313 GREEN MEADOW PKWY**~~  
 CITY-ST-ZIP ~~**BALTIMORE MD**~~

TITLE ~~\_\_\_\_\_~~  Change  Addition  
 NAME ~~\_\_\_\_\_~~  
 STREET ADDRESS ~~\_\_\_\_\_~~  
 CITY-ST-ZIP ~~\_\_\_\_\_~~

TITLE **C**  Delete  
 NAME **FINK, DAVID**  
 STREET ADDRESS ~~**6216 BENHURST RD**~~  
 CITY-ST-ZIP ~~**BALTIMORE MD 21208**~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 REQUIRED**

**5/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)