

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21363

1. Entity Name

EDWARD P. BINDER ASSOCIATES, INC.

Principal Place of Business

2104 CYPRESS BEND DRIVE S
PH 3
POMPANO BEACH FL 33069
US

Mailing Address

P.O. BOX 5465
FT. LAUDERDALE FL 33310
US

2. Principal Place of Business

3. Mailing Address

5301 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL. Lauderdale

Zip Country
33309 USA

4. FEI Number

59-2453540

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

BINDER, EDWARD P.
2104 CYPRESS BEND DRIVE S
POMPANO BEACH FL 33069

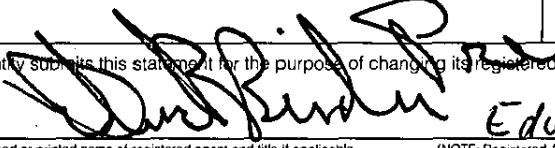
Name

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

4/27/01

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

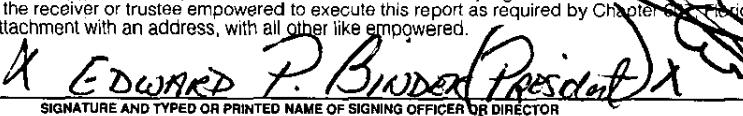
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

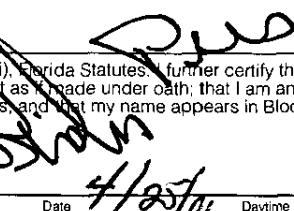
CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BINDER, EDWARD P. 2104 CYPRESS BEND BLVD,SOUTH PH3 POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 119, 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

Date  4/27/01 Daytime Phone #