

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90397 038 \*\*\*150.00

**DOCUMENT # H53758**

1. Entity Name  
**POSNER & SONS, INC.**

Principal Place of Business  
**126 S. FEDERAL HWY  
 #204  
 DANIA FL 33004  
 US**

Mailing Address  
**126 S. FEDERAL HWY  
 #204  
 DANIA FL 33004  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2527947**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POSNER, GARY D.  
 21205 N.E. 37TH AVENUE  
 APT. 906  
 AVENTURA FL 33180**

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

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, 2002 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

TITLE **DP** ☐ Delete  
 NAME **POSNER, GARY D.**  
 STREET ADDRESS **2120 N.E. 34TH AVENUE #906**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME **21205 NE 37th Ave #906**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
 NAME **POSNER, EILEEN**  
 STREET ADDRESS **21205 N.E. 34TH AVENUE #906**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition  
 NAME **21205 NE 37th Ave #906**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **POSNER, MATT**  
 STREET ADDRESS **1322 CROTON CT**  
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☒ Change ☐ Addition  
 NAME **5302 SAPPHIRE VALLEY**  
 STREET ADDRESS **BOCA RATON, FL 33486**  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **POSNER, RON**  
 STREET ADDRESS **1049 BOCA COVE LANE**  
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

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

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

**4/11/02**

Date

**954 926-7705**

Daytime Phone #

CR2E034 (9/01)