

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91189 026 \*\*\*150.00

**DOCUMENT # J48952**

1. Entity Name

**STRATFORD ASSOCIATES LTD INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3203 PORTOFINO PT**

Suite, Apt. #, etc.

**0-1**

3. Mailing Address

**3203 PORTOFINO PT**

Suite, Apt. #, etc.

**0-1**

DO NOT WRITE IN THIS SPACE

City & State  
**COCONUT CREEK FLA**

City & State  
**COCONUT CREEK FLA**

4. FEI Number  
**59-2774528**

Applied For  
Not Applicable

Zip

**33066**

Country

**USA**

Zip

**33066**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**BEATRICE RASHBAUM**

Street Address (P.O. Box Number is Not Acceptable)

**3203 PORTOFINO PT**

City

**COCONUT CREEK FLA**

Zip Code

**33066**

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) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
BEATRICE RASHBAUM  
3203 PORTOFINO PT  
COCONUT CREEK FL 33066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
ABRAHAM RASHBAUM  
3203 PORTOFINO PT  
COCONUT CREEK FL 33066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

*Beatrice Rashbaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEATRICE RASHBAUM PRES**

Date

Daytime Phone #

(954)

**4/27/02 (974-8463)**

CR2034B (12/01)