

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 022 ***150.00

DOCUMENT # J79861
 1. Entity Name
JUDY BROSTOFF & ASSOCIATES, INC.

Principal Place of Business
4651 SW 51 ST
FT LAUDERDALE FL 33314
US

Mailing Address
4651 SW 51 ST
FT LAUDERDALE FL 33314
US

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2831159**

Applied For
 Not Applicable

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

BROSTOFF, ALAN
8847 HARRODS DR
BOCA RATON FL 33433

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 _____ (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: **PSD**
 NAME: **BROSTOFF, JUDY**
 STREET ADDRESS: **8847 HARRODS DR**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: **TD**
 NAME: **BROSTOFF, ALAN**
 STREET ADDRESS: **8847 HARRODS DR**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

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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 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: JUDY BROSTOFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/02** Daytime Phone # **954-584-8484**

CR2E034 (9/01)