

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90173 045 \*\*\*150.00

**DOCUMENT # K27392**

1. Entity Name  
**IRA L. ZUCKERMAN, P.A.**

Principal Place of Business Mailing Address  
**% IRA L. ZUCKERMAN**  
~~7771 W. OAKLAND PARK BLVD., SUITE 215~~  
~~SUNRISE FL 33351-0700~~  
**% IRA L. ZUCKERMAN**  
~~7771 W. OAKLAND PARK BLVD., SUITE 215~~  
~~SUNRISE FL 33351-0700~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2200 N. COMMERCE PKWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 206**  
City & State City & State  
**WESTON, FL**  
Zip Country Zip Country  
**33326 U.S.A.**  
**33326 U.S.A.**

4. FEI Number **65-0058755** 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  
**ZUCKERMAN, IRA L.**  
~~7771 W. OAKLAND PARK BLVD.~~  
~~SUITE 215~~  
~~SUNRISE FL 33351~~  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2200 N. COMMERCE PKWY**  
**SUITE 206**  
City **WESTON** FL Zip Code **33326**

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 **IRA L. ZUCKERMAN** 4/26/02  
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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZUCKERMAN, IRA L.</b>		NAME		
STREET ADDRESS	<del>7771 W. OAKLAND PK BLVD.</del>		STREET ADDRESS	<b>2200 N. COMMERCE PKWY. #206</b>	
CITY-ST-ZIP	<del>SUNRISE FL</del>		CITY-ST-ZIP	<b>WESTON, FL</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: **President** 4/26/02 (954) 344-1988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)