

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90157 001 ***150.00

0325937 AV

DOCUMENT # K64144

1. Entity Name

ALL FAMILY PROPERTIES, INC.

Principal Place of Business

Mailing Address

**810 S SR 7
 PLANTATION FL 33317-4523**

**810 S STATE ROAD 7
 PLANTATION FL 33317
 US**

2. Principal Place of Business

1709 Whitehall Dr.

3. Mailing Address

1709 Whitehall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

#102

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number

65-0102555

Applied For

Not Applicable

Zip

Country

Zip

Country

33324

Broward

33324

Broward

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

ROZENSKY, MILTON

810 S SR 7

PLANTATION FL 33317

Name

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

1709 Whitehall Dr. - #102

City

Ft. Lauderdale

FL

Zip Code
33324

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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **ROZENSKY, MILTON**
 CITY-ST-ZIP **930 S SR 7**
PLANTATION FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1709 Whitehall Dr. - #100**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33324**

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

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

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

MILTON ROZENSKY
PRESIDENT

4/5/02 954-332-2505

Date Daytime Phone #

CR2E034 (9/01)