

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K73280

1. Entity Name  
ERLICHMAN-STARR PROPERTIES, INC.

Principal Place of Business

% ELIOT D. ERLICHMAN  
SUITE 101, 7325 SW 63RD AVE  
S MIAMI FL 33143

Mailing Address

% ELIOT D. ERLICHMAN  
SUITE 101, 7325 SW 63RD AVE  
S MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0110013

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ERLICHMAN, ELIOT D  
SUITE 101  
7325 SW 63RD AVE  
S MIAMI FL 33143

7. Name and Address of New Registered Agent

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

TITLE DP  
NAME ERLICHMAN, ELIOT D PHD  
STREET ADDRESS 7325 SW 63 AVE #101  
CITY-ST-ZIP S MIAMI FL 33143 ☐ Delete

TITLE DV  
NAME ERLICHMAN, S. ROY PHD  
STREET ADDRESS 7325 SW 63 AVE #101  
CITY-ST-ZIP S MIAMI FL 33143 ☐ Delete

TITLE DVS  
NAME STARR, GAIL  
STREET ADDRESS 7325 SW 63 AVE #101  
CITY-ST-ZIP S MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

1/5/02 305-284-1143

Date

Daytime Phone #

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90013 017 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)