

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90225 005 \*\*\*150.00

**DOCUMENT # K74803**

1. Entity Name  
**BRENDA HACKER, P.A.**



Principal Place of Business  
**1500 N.W. 49TH STREET. #608  
FT. LAUDERDALE FL 33309**

Mailing Address  
**1500 N.W. 49TH STREET. #608  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business  
**404 E Atlantic Blvd**  
Suite, Apt. #, etc.  
**100**

3. Mailing Address  
**404 E Atlantic Blvd**  
Suite, Apt. #, etc.  
**100**

City & State  
**Pompano Beach FL**

City & State  
**Pompano Beach**

Zip  
**33060** Country  
**Broward**

Zip  
**FL** Country  
**33060**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0108649**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HACKER, BRENDA**  
**1500 N.W. 49TH STREET, #608**  
**FT. LAUDERDALE FL 33309**

**7. Name and Address of New Registered Agent**

Name **LANNY FELDMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**404 E Atlantic Blvd STE 100**  
City **Pompano Beach** FL Zip Code **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lanny Feldman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/6/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **HACKER, BRENDA**  
STREET ADDRESS **1500 NW 49TH ST 608**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
NAME **BRENDA HACKER**  
STREET ADDRESS **404 E Atlantic Blvd STE 100**  
CITY-ST-ZIP **Pompano Beach FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Hacker* **Brenda Hacker President** **2/5/2003** **954-580 0431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)