

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90141 001 ***150.00

DOCUMENT # K81489

1. Entity Name
HARVEY SHECHTMAN, P.A.



Principal Place of Business
**9691-B BOCA GARDENS CIRCLE NORTH
BOCA RATON FL 33496**

Mailing Address
**9691-B BOCA GARDENS CIRCLE NORTH
BOCA RATON FL 33496**



2. Principal Place of Business
5412 BANYAN LANE
Suite, Apt. #, etc.

3. Mailing Address
5412 BANYAN LANE
Suite, Apt. #, etc.

City & State
TAMARAC, FL

City & State
TAMARAC, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0117812**

Applied For
☐ Not Applicable

Zip **33319** Country **USA**

Zip **33319** Country **USA**

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

**TEPPS, JEROME L
3411 POWERLINE ROAD
SUITE 701
FORT LAUDERDALE FL 33309**

Name **JEROME L. TEPPS**
Street Address (P.O. Box Number is Not Acceptable) **SUITE 202
2787 EAST OAKLAND PARK BLVD**
City **FORT LAUDERDALE FL** Zip Code **33306**

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 *Harvey Shechtman*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-17-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHECHTMAN, HARVEY**
STREET ADDRESS **9691-B BOCA GARDENS CIRCLE NORTH**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☒ Change ☐ Addition
NAME **HARVEY SHECHTMAN**
STREET ADDRESS **5412 BANYAN LANE**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Harvey Shechtman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-17-03**

DAYTIME PHONE # **954-731-1294**

CR2E034 (10/02)