

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90240 045 \*\*\*\*\*50.00

0017631

DOCUMENT # **L01000006581**

1. Entity Name

**MUSOFF POLL & ASSOCIATES, LLC**

Principal Place of Business

**5459 NW 41 TER.  
 BOCA RATON FL 33496**

Mailing Address

**5459 NW 41 TER.  
 BOCA RATON FL 33496**

2. Principal Place of Business

**6528 NW 38<sup>TH</sup> CT.**

3. Mailing Address

**6528 NW 38<sup>TH</sup> CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33496**

Country

Zip

**33496**

Country

4. FEI Number

**65-1100992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MUSOFF, WALLACE  
 5459 NW 41 TER.  
 BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name **MUSOFF, WALLACE**

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

**6528 LANDINGS CT.**

City

**BOCA RATON**

FL

Zip Code

**33496**

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

*Wallace Musoff*  
 Signature, typed or printed name of registered agent and fee if applicable.

**WALLACE MUSOFF**

(NOTE: Registered Agent signature required when reinstating)

**3/5/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRH** ☐ Delete  
 NAME **GENE POLL**  
 STREET ADDRESS **70 CYPRESS NECK RD**  
 CITY-ST-ZIP **LINCROFT, N.J. 07738**

TITLE **MGRM** ☐ Delete  
 NAME **WALLACE MUSOFF**  
 STREET ADDRESS **6528 LANDINGS CT.**  
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Wallace Musoff*

**WALLACE MUSOFF**

**3/5/02**

**(561) 241-9558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)