

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90029 006 ***550.00

DOCUMENT # L16677

1. Entity Name
MEDLEY HOLDINGS, INC.

Principal Place of Business

9305 N. W. 101 ST
 MEDLEY FL 33178
 US

Mailing Address

9305 N. W. 101 ST
 MEDLEY FL 33178
 US

2. Principal Place of Business

1420 BISCAYA DR

3. Mailing Address

1420 BISCAYA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE FL

City & State

SURFSIDE FL

4. FEI Number

65-0142540

Applied For

Not Applicable

Zip

Country

Zip

Country

33154

33154

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

MALLER, ERIC

9305 NW 101ST STREET

MEDLEY FL 33178

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
IZHAK, YORAM
3301 NW 107TH STREET
MIAMI FL 33167

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
IZHAK YORAM
1420 BISCAYA DR
SURFSIDE-FL. 33154

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
MALLER, ERIC
9305 W 101ST STREET
MEDLEY FL 33178

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
MALLER ERIC
1420 BISCAYA DR
SURFSIDE-FL. 33154

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VI

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VIP
TIM CABRERA
1420 BISCAYA DR.
SURFSIDE-FL. 33154

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 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: (X) SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/02

CR2E034 (4/02)