

2001 UNIFORM BUSINESS REPORT (UBR)

4/9

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-09-2001 90038 013 ***150.00

DOCUMENT # L28813

1. Entity Name

FURER CO.

Principal Place of Business

% ELAN FURER
10358 FAIRWAY RD
PEMBROKE PINES FL 33026
US

Mailing Address

% ELAN FURER
10358 FAIRWAY RD
PEMBROKE PINES FL 33026
US

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

65-0267434

Applied For

Not Applicable

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

FURER, ELAN
10358 FAIRWAY RD
PEMBROKE PINES FL 33026

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	FURER, ELAN	
STREET ADDRESS	10358 FAIRWAY RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FURER, AURA	
STREET ADDRESS	10358 FAIRWAY RD	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BARAM, MICHAEL	
STREET ADDRESS	3028 TERRACE ROAD	
CITY-ST-ZIP	WANTAGH NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURER, ELAN	
STREET ADDRESS	10358 FAIRWAY ROAD	
CITY-ST-ZIP	PEMBROKE PINES, FLA 33026	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURER, AURA	
STREET ADDRESS	10358 FAIRWAY ROAD	
CITY-ST-ZIP	PEMBROKE PINES, FLA 33026	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARAM, MICHAEL	
STREET ADDRESS	3028 TERRACE ROAD	
CITY-ST-ZIP	WANTAGH NEW YORK 11793	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Elan Furer

ELAN FURER

4-4-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)