## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

| DOCUI  1. Entity Nam  HIRTANZ                                     |  | , p. 100   |  |   | Feb 28, 20<br>Secretar<br>02-28-2002 90   | 002 8:00<br>y of Sta<br>055 024 ***150                                  | ate                                     | /41 AV         |
|---|--|--|--|---|---|---|---|----------------|
| Principal Place of Business 1000 36TH ST WEST PALM BEACH FL 33407 |  | Mailing Address<br>1000 36TH ST<br>WEST PALM BEACH FL 33407  |  | -<br>                                     |   |   |   |                |
| 2. Principal P  | Pace of Business   | 3. Mailing Address   |  |   |   |   |   |                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | DO NOT WRITE IN THIS SPACE                |   |   |   |                |
|   |  | City & State   | - <u></u>  | - 4                                       | El Number or 0407500  | -1 TAn  | olied For                               | j              |
| City & State  | е  | · · · · · · · · · · · · · · · · · · ·  |  | 4.  | 65-0197532  | Not   | Applicable                              |                |
| Zip   | Country  | Zip C  | ountry   | 5. 0                                      | Certificate of Status Desired [   | □ \$8.75 Addi<br>Fee Required   |   |                |
|   | 6. Name and Address of Current Re  | gistered Agent   | Nome   | 7. N                                      | ame and Address of New Regis  | tered Agent   |   |                |
| COSTANZO CHRIS 1000 36TH STREET                                   |  |  | Name<br>Street Address   | dress (P.O. Box Number is Not Acceptable) |   |   |   |                |
|   | BEACH FL 33407   |  |  |   | -   |   |   |                |
|   |  |  | City   |   |   | FL Zip Code   |   |                |
| Tax filing r  | Signature, typed or printed name of registered agent and pration is eligible to satisfy its intangible requirement and elects to do so.  | FILE NOW!! After May 1, 2002 F   | ee will be \$550.00  |   | 10. Election Campaign Finance Trust Fund Contribution.  |   | May Be to Fees                          |                |
| 11.   | OFFICERS AND DIF   | <u> </u>   | 12.  |   | DITIONS/CHANGES TO OFFICER  | RS AND DIRECTORS  | IN 11                                   |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | SD<br>COSTANZO, CHRIS<br>244 WOODLAND ROAD<br>PALM SPRINGS FL 33461  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   | ☐ Change  | Addition                                | CR2E034 (9/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | D<br>HIRSCH, TED<br>808 NE 73RD ST<br>BOCA RATON FL 33487  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   | ☐ Change  | Addition                                | 8              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   | ☐ Change  | Addition                                |                |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |   |   | ☐ Change  | Addition                                |                |
| 13. I hereby of indicated of the corchanged.                      | Certify that the information supplied with the lon this report or supplemental report is try reporation or the receiver or truster emony, or on an attachment with an address with | is filing does not qualify for the sand accurate and that my signed to execute this report as renall others. | exemption stated in s<br>gnature shall have th<br>equired by Chapter 6 | Section<br>e same l<br>07, Flori          | 119.07(3)(i), Florida Statutes. I furl<br>egal effect as if made under oath<br>da Statutes; and that my name ap | her certify that the in<br>that I am an officer<br>pears in Block 11 or | formation<br>or director<br>Block 12 if |                |

2202 (541) 863-554/ Date Daytime Phone #