

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90161 001 \*\*\*150.00

**DOCUMENT # L91745**

1. Entity Name

**SELTZER/DELMAN, INC.**

**C0005000**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7900 NOVA DRIVE  
SUITE 104  
FT LAUDERDALE FL 33324  
US

7900 NOVA DRIVE  
SUITE 104  
FT LAUDERDALE FL 33323-2823  
US

2. Principal Place of Business

**1300 Sawgrass Corp. Pkwy.**

Suite, Apt. #, etc.

**Suite #130**

City & State

**Sunrise, Florida 33323**

Zip

**33323**

Country

**Broward**

3. Mailing Address

**1300 Sawgrass Corp. Pkwy.**

Suite, Apt. #, etc.

**Suite #130**

City & State

**Sunrise, Florida 33323**

Zip

**33323**

Country

**Broward**

4. FEI Number

**65-0220866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DELMAN, LESLIE**  
**7900 NOVA DRIVE SUITE 104**  
**FT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name

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

**1300 Sawgrass Corp. Pkwy., Ste #130**

City  
**Sunrise**

**FL**

Zip Code  
**33323**

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

*Leslie Delman Pres.* **LESLIE DELMAN, Pres.** **1/10/2000**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>SELTZER, CLAUDE B</b>	
STREET ADDRESS	<b>7900 NOVA DRIVE SUITE 104</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>DELMAN, LESLIE</b>	
STREET ADDRESS	<b>7900 NOVA DRIVE SUITE 104</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1300 Sawgrass Corp. Pkwy., Ste #130</b>
CITY-ST-ZIP	<b>Sunrise, Florida 33323</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1300 Sawgrass Corp. Pkwy., Ste #130</b>
CITY-ST-ZIP	<b>Sunrise, Florida 33323</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Leslie Delman Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LESLIE DELMAN**  
**PRESIDENT**

**1/10/2000**

Date

Daytime Phone #

**(954) 452-3000**

CR2E034 (9/99)