

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90030 047 ***150.00

DOCUMENT # M33773
 1. Entity Name
HARRY FREEDMAN AND ASSOCIATES, INC.

Principal Place of Business 1520 SPRUCE STREET #708 PHILADELPHIA PA 19102	Mailing Address 1520 SPRUCE STREET #708 PHILADELPHIA PA 19102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10 Lanfair Road Suite, Apt. #, etc. Unit # 11	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State Ardmore, PA	City & State	4. FEI Number 59-2686995	Applied For <input type="checkbox"/> Not Applicable
Zip 19003	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BLUM, SAMUEL SPENCER
~~2665 S. BAYSHORE DR.~~
~~SUITE 400~~
~~COCONUT GROVE FL 33133~~
2666 Tigertail Ave.
Suite 106
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent
 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]* **SAMUEL SPENCER BLUM**
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FREEDMAN, HARRY A 1520 SPRUCE STREET #708 PHILADELPHIA PA 19102 10 Lanfair Rd Unit # 11 Ardmore, PA 19003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Harry A. Freedman**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: April 23, 2001 Daytime Phone #: 610.649-1301

CR2E034 (10/00)