

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33773

1. Entity Name

HARRY FREEDMAN AND ASSOCIATES, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90030 047 ***150.00

Principal Place of Business

Mailing Address

1520 SPRUCE STREET
#708
PHILADELPHIA PA 19102

1520 SPRUCE STREET
#708
PHILADELPHIA PA 19102

2. Principal Place of Business

3. Mailing Address

10 Lanfair Road

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #11

City & State
Ardmore, PA

City & State

4. FEI Number 59-2686995

Applied For

Not Applicable

Zip
19003

Country
USA

Zip

Country

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

BLUM, SAMUEL SPENCER

2665 S. BAYSHORE DR.

SUITE 400

COCONUT GROVE FL 33133

2666 Tigertail Ave.
Suite 106
Coconut Grove, FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEDMAN, HARRY A 1520 SPRUCE STREET #708 PHILADELPHIA PA 19102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Lanfair Rd Unit #11 Ardmore, PA 19003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry A. Freedman

April 23, 2001 / 610.649-1301

Date

Daytime Phone #

CR2E034 (10/00)