

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06745

1. Entity Name

SELF HELP FOR HARD OF HEARING PEOPLE IN THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

ROY YASEN
3518 DORA LANE
W. PALM BEACH FL 33417-3301
US

DELETE

3508 AMALFI DR.
WEST PALM BEACH FL 33417-1063
US

2. Principal Place of Business

3508 Amalfi Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

4. FEI Number

59-2493372

Applied For

Not Applicable

Zip

33417

Country

P/Bch

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

GROENBERG, DAVID

3508 AMALFI DR

WEST PALM BEACH FL 33417-1063

Name

GROSSBERG (Correct Spelling)

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD
NAME GROSSBERG, DAVID
STREET ADDRESS 3508 AMALFI DRIVE
CITY-ST-ZIP W. PALM BEACH FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME KAMMERMAN, MORTON
STREET ADDRESS 210 WELLINGTON D
CITY-ST-ZIP W. PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GOODSTEIN, BERNARD
STREET ADDRESS 1717 12TH AVENUE S.
CITY-ST-ZIP LAKE WORTH FL 33460

☒ Delete

TITLE Director
NAME Irving E. Schecter
STREET ADDRESS 206 Greenbrier Bldg A
CITY-ST-ZIP West Palm Beach, FL. 33417

☒ Change ☐ Addition

TITLE D
NAME HODESS, SAMUEL
STREET ADDRESS 2792 DONNELLY PLACE APT. 19A
CITY-ST-ZIP LANTANA FL 33462

☒ Delete

TITLE Director
NAME Harold Simon
STREET ADDRESS 260 Wellington J
CITY-ST-ZIP West Palm Beach, FL. 33417

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Grossberg

Jan. 25, 2002

683-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0034057

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90137 047 ****61.25



DO NOT WRITE IN THIS SPACE

Attachment
Doc# N06745

312004

Please note
Corrections

~~Delite Roy Gasman's~~
Name