

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90076 013 *****70.00

DOCUMENT # N33729

1. Entity Name

FRANZBLAU MEMORIAL HOME, INC.



Principal Place of Business

%AINSLIE R. FERDIE
717 PONCE DE LEON BLVD #215
CORAL GABLES FL 33134

Mailing Address

%AINSLIE R. FERDIE
717 PONCE DE LEON BLVD #215
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0144660**

Applied For

Not Applicable

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

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD #215
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **ZABACK, EDWARD**
STREET ADDRESS **301 SW 135TH AVE #C301**
CITY-ST-ZIP **PEMBROKE PINES FL 33027-1633**

TITLE **DV** ☐ Change ☒ Addition
NAME **PEARL TYLER**
STREET ADDRESS **901 COLONY POINT CIR # 320**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026-2911**

TITLE **DST** ☐ Delete
NAME **TURK, MAX**
STREET ADDRESS **13550 SW 6TH CT #A312**
CITY-ST-ZIP **PEMBROKE PINES FL 33027-1626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **FEILER, BERNARD**
STREET ADDRESS **13450 SW 3RD STREET #D-18**
CITY-ST-ZIP **PEMBROKE PINES FL 33027-1639**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Edward Zaback* **EDWARD ZABACK 1-21-03 954-435-3184**

CR2E037 (10/02)