

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-25-2001 90019 029 ****61.25

DOCUMENT # N42905

1. Entity Name

FIRE RESCUE STATION #52, INCORPORATED



Principal Place of Business

4482 BOCAIRE BLVD.
 BOCA RATON FL 33487
 US

Mailing Address

C/O STEVEN WARM
 2101 CORPORATE BOULEVARD, SUITE 215
 BOCA RATON FL 33431
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0198612

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

Name

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

City

FL

Zip Code

WARM, STEVEN, ESQ
BOCA CORPORATE CENTER STE 215
2101 CORPORATE BLVD
BOCA RATON FL 33431

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	DS DP	<input type="checkbox"/> Delete
NAME	ROTHCHILD DORTHY	
STREET ADDRESS	17517 VIA CAPRI	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DE DVP	<input type="checkbox"/> Delete
NAME	SCHNEIDERMAN, GAIL	
STREET ADDRESS	4482 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RUSSELL, SAMUEL	
STREET ADDRESS	17031 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROBERT SCHNEIDERMAN	
STREET ADDRESS	4492 Woodfield Blvd.	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JEROME SAMUELS	
STREET ADDRESS	4492 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven Warm*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01 561 241 4495
 Date Daytime Phone #

CR2E037 (10/00)