

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002980

1. Entity Name

SOUTH FLORIDA BUSINESS ADVISORS, INC.

Principal Place of Business

C/O DAVID E. BUCK
2900 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

Mailing Address

C/O DAVID E. BUCK
2900 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

01-11-2002 90001 044 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0426039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCK, DAVID E
2900 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

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, 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

TITLE ☐ Delete
NAME DP
STREET ADDRESS PIO, R. IERACI
CITY-ST-ZIP 3800 GALT OCEAN DR #1014
FT. LAUDERDALE FL

TITLE ☐ Delete
NAME DT
STREET ADDRESS BUCK, DAVID E. JR
CITY-ST-ZIP 1824 SE 24TH AVE
FT. LAUDERDALE FL 33316

TITLE ☐ Delete
NAME D
STREET ADDRESS VLADNY, DAVID
CITY-ST-ZIP 680 SE 75TH TERRACE
PLANTATION FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BURNETT, SCOTT,
CITY-ST-ZIP 1390 NE 30TH ST
OAKLAND PARK FL

TITLE ☐ Delete
NAME D
STREET ADDRESS BAXTER, JACK A
CITY-ST-ZIP 4530 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)

0074558