

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004796

1. Entity Name

FIRST STEKACHINOR SICK & BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8280 SUNRISE LAKES BLVD.
BLDG 56- APT 105
SUNRISE FL 33322

8280 SUNRISE LAKES BLVD.
BLDG 56- APT 105
SUNRISE FL 33322

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

65-0794368

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSHAH, HOWARD
8280 SUNRISE LAKES BLVD.
BLDG. 56 - APT 105
SUNRISE FL 33322

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

Howard S. Boshak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/23/02

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 FSD
NAME BOSHAH, HOWARD S.
STREET ADDRESS 8280 SUNRISE LAKES BLVD. 56-105
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

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

TITLE PD
NAME HENDLER, MURRAY
STREET ADDRESS 7204 ASHFORD LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE VPD
NAME BOSHAH, HARRIS
STREET ADDRESS 225 E. WOODSIDE AVE
CITY-ST-ZIP PATCHOGUE NY 11772 ☐ Delete

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

TITLE TD
NAME KANER, MURRAY
STREET ADDRESS 30 STONER AVE APT. 2F
CITY-ST-ZIP GREAT NECK NY 11021 ☐ 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

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:

Howard S. Boshak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD S BOSHAH

5/23/02

954-916-6112

Date

Daytime Phone #

CR2E037 (9/01)