

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017941

1. Entity Name

ANITA TESSER PEARLMAN CORP.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90433 048 \*\*\*150.00

Principal Place of Business

20001 N.E. 21ST COURT  
NORTH MIAMI BEACH FL 33179

Mailing Address

20001 N.E. 21ST COURT  
NORTH MIAMI BEACH FL 33179

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

65-1090158

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

KORN, GARY A  
20803 BISCAYNE BLVD., SUITE 200  
AVENTURA FL 33180

Name

GARY KORN

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

20803 BISCAYNE BLVD

SUITE 200

City

AVENTURA

FL

Zip Code

33180

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

*Gary Korn*

GARY KORN

MARCH 15, 2001

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D PEARLMAN, PHILLIP  
STREET ADDRESS 3910 N 56TH AVENUE SUITE 102  
CITY- ST- ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☒ Addition  
NAME VP, SECY  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME ANITA T. PEARLMAN  
STREET ADDRESS 20001 NE 21 COURT  
CITY- ST- ZIP NC MIAMI BEACH, FL 33179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 ☐ Delete  
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CITY- ST- ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip Pearlman* PHILIP PEARLMAN, SECY MARCH 15, 2001 954893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3183

CR2E034 (10/00)