

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044772

1. Entity Name
THE CORRECT APPROACH, INCORPORATED

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90084 038 ***150.00

Principal Place of Business
**17615 NE 9 AVE.
NORTH MIAMI BEACH FL 33162-2124**

Mailing Address
**17615 NE 9 AVE.
NORTH MIAMI BEACH FL 33162-2124**

2. Principal Place of Business
**952 NE 199 Street
#211**

3. Mailing Address
P.O. Box 2284
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip
33179 Country
USA

City & State
Hallandale, Florida
Zip
33008-2284 Country
USA

4. FEI Number
65-1004537
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ITZKOWITZ, HERMAN M
17615 NE 9 AVE.
NORTH MIAMI BEACH FL 33162-2124**

7. Name and Address of New Registered Agent
Name **Herman M. Itzkowitz**
Street Address (P.O. Box Number is Not Acceptable)
952 NE 199 Street, #211
City **MIAMI** FL Zip Code **33179**

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 *Herman M. Itzkowitz* *Herman M. Itzkowitz* *April 27, 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ITZKOWITZ, HERMAN M 17615 NE 9 AVE. NORTH MIAMI BEACH FL 33162-2124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Herman M. Itzkowitz 952 NE 199 Street, #211 MIAMI, FLORIDA 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Herman M. Itzkowitz* *April 27, 2001* *305-469-6813*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)