## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000054816 POSITIVELY FOURTH BOULEVARD, INC. 05-11-2001 90049 032 \*\*\*150.00 Principal Place of Business Mailing Address 2522 PRINCETON COURT 2522 PRINCETON COURT WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number - 1037656 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUBENSTOCK, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 2522 PRINCETON COURT WESTON FL 33327 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition 1111 9 ☐ Delete HAUBENSTOCK, STEVEN B NAME NAME STREET ADDRESS 2522 PRINCETON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTON FL 33327 Addition TITLE ☐ Change TITLE HAUBENSTOCK, CATHERINE B NAME NAME 2522 PRINCETON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP Change ☐ Addition TITLE TITLE HALPERN, LAUREN NAME 1377 GINGER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

954 308 1720

Daytime Phone #