

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 040 ***150.00

0032280 AV

DOCUMENT # P00000059936

1. Entity Name

MARTIN B. SACHS AND ASSOCIATES, INC.

Principal Place of Business

**6291 NW 95TH LANE
 PARKLAND FL 33076**

Mailing Address

**6291 NW 95TH LANE
 PARKLAND FL 33076**

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

65-1017685

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

**SACHS, MARTIN B
 6291 NW 95TH LANE
 PARKLAND FL 33076**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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**
 STREET ADDRESS **SACHS, MARTIN B**
 CITY-ST-ZIP **6291 NW 95TH LANE
 PARKLAND FL 33076**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01 954-227-1095

Date

Daytime Phone #

CR2E034 (5/01)



Attachment
P00000059936
773061
Martin B. Sachs and Associates, Inc.
Insurance Claims Adjusters and Consultants

July 18, 2001

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Reference: UBR Document Number: P00000059936
Entity Name: Martin B. Sachs & Associates, Inc.

Dear Sir or Madam:

We have received a late notice UBR from you. Our records indicate that we never received the original UBR between January and May of this year. We are a new, small business and pay close attention to correspondence from the state. A fee of \$550.00 would present a hardship for us. Please accept the attached original fee in the amount of \$150.00 along with the UBR.

We will make a note on our calendar to watch for the report next year and if it is not received in a timely fashion, we will log on to your website or contact you requesting replacement before this matter arises again. Thanking you in advance.

Yours truly,
Martin B. Sachs
Martin B. Sachs

MBS/ljs