## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000059936 DOCUMENT #

1. Entity Name

MARTIN B. SACHS AND ASSOCIATES, INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90119 031 \*\*\*150.00

			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
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 6255NW97AVMVL		3. Mailing Address By 97 Th Arenve		ve		<b>                                </b>		1111 <b>1 0</b> 111 1 <b>01</b> 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
PACKLAND, FL		City & State PARKLAND, FL		4. FE	65-1017685			oplied For ot Applicable	}	
3307	6 Country A	33076	Country US A	<b>5.</b> Ce	rtificate of Status	Desired	\$8.75 Add Fee Require			
	6. Name and Address of Currer	nt Registered Agent				of New Registered	Agent			
	ň		Name	5 ACH	S, MATT	IN B.				
SACHS, M	iartin B 957H lane		Street Address			(P.O. Box Number is Not Acceptable)				
	D FL 33076		6255			NW97 12 AVINCE				
			CipA	rkland	, FL	FL	Zip Cod	。 076		
	named entity submits this statement ions of registered agent.  Who a Signature, typed or printed name of registered age	MARTIN B.	SACHS  DTE: Registered Agent signate			1/5/v				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund C		☐ Added	00 May Be d to Fees		
10.	OFFICERS AN	D DIRECTORS	11.			S TO OFFICERS AN			۾ ا	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, MARTIN B 6291 NW 95TH LANE PARKLAND FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SACHS, M 6255 ) BAYKU	MATIN F NW997 Ind, FL	3, - Adenue 33076	<b>௴</b> Change	☐ Addition	E034 (10/03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Change	☐ Addition	0	
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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 encowered to execute this report as required by Chapter 607, 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. 954227-5164 SACHS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #