

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90136 017 \*\*\*150.00

**DOCUMENT # P01000007623**

1. Entity Name  
**DIRECTORY PUBLISHERS, INC.**

Principal Place of Business  
**20533 BISCAYNE BLVD., SUITE 203  
AVENTURA FL 33180**

Mailing Address  
**20533 BISCAYNE BLVD., SUITE 203  
AVENTURA FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1078599**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ASCHER, ILENE  
9773 NW 4TH ST.  
CORAL SPRINGS FL 33071**

Name

**DENNIS HOLOBER**

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

**3300 NE 192ND STREET**

**SUITE 512**

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

*Dennis Holober* **DENNIS HOLOBER**

**03/12/02**

Signature of registered agent or printed name of registered agent and fee 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, 2002 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 ☒ Delete  
NAME **D**  
STREET ADDRESS **ASCHER, ILENE**  
CITY-ST-ZIP **9773 NW 4TH ST.  
CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT - DIRECTOR**  
STREET ADDRESS **DENNIS HOLOBER**  
CITY-ST-ZIP **3300 NE 192ND STREET - SUITE 512  
AVENTURA, FL 33180**

TITLE ☐ Change ☒ Addition  
NAME **SECTY - TREAS.**  
STREET ADDRESS **DONNA CEPHAS**  
CITY-ST-ZIP **3300 NE 192ND STREET - SUITE 512  
AVENTURA FL 33180**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Dennis Holober* **DENNIS HOLOBER** **03/12/02** **305-833-5894**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (9/01)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

Attachment H P 0100000 7623  
DATE OF THIS NOTICE: 03-07-2001  
NUMBER OF THIS NOTICE: CP 575 A 04823  
EMPLOYER IDENTIFICATION NUMBER: 65-1078599  
FORM: SS-4  
0716934125 B

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

DIRECTORY PUBLISHERS INC  
20533 BISCAYNE BLVD STE 203  
AVENTURA FL 33180

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1078599. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	04/30/2001
Form 1120	03/15/2002
Form 940	01/31/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.