

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90161 001 *****8.75
08-21-2003 90161 002 ***550.00

DOCUMENT # P01000080439

1. Entity Name
FRONSSTEIN FLORIDA PROPERTIES, INC.



Principal Place of Business
2450 HOLLYWOOD BLVD
SUITE 401
HOLLYWOOD FL 33020

Mailing Address
2450 HOLLYWOOD BLVD
SUITE 401
HOLLYWOOD FL 33020



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3900 Hollywood Blvd
Suite Apt. #, etc
Ste 103

3. Mailing Address
3900 Hollywood Blvd
Suite Apt. #, etc
Ste 103

City & State
Hollywood FLA
Zip
33021 **Country**
USA

City & State
Hollywood FLA
Zip
33021 **Country**
USA

4. FEI Number **APPLIED FOR**
200153956

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

6. Name and Address of Current Registered Agent
FEDER, LAWRENCE H ESQ
2450 HOLLYWOOD BLVD
SUITE 401
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3900 Hollywood Blvd
Ste 103
City & State
Hollywood FL **Zip**
33021

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Lawrence H Feder* *Lawrence H Feder* **DATE** *8/10/03*

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FRONSSTEIN, ALAN 8824 23RD AVENUE BROOKLYN NY 11214 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRONSSTEIN, SARRA 8824 23RD AVENUE BROOKLYN NY 11214 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered 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.

SIGNATURE: *Signature Required* **DATE** *8/10/03* **Daytime Phone #** *954 9025571*

CR2E034 (4/03)