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

P02000038145 **DOCUMENT #** 1. Entity Name



Apr 09, 2003 8:00 am Secretary of State
04-09-2003 90168 011 ***150.00 **FILED**

| MARTIN | A. ZUCKER, P.A. | | | | 04-09-2003 9010 | 6 011 130 | .00 | |
|--|---|--|-------------------------------|--|--|----------------------------------|-----------------------------|--|
| Principal Pla 3801 S. OCE PENTHOUSE HOLLYWOOD | 0 | Mailing Address 3801 S. OCEAN DRIVE PENTHOUSE O HOLLYWOOD FL 33019 | | | | | | |
| l | Place of Business | 3. Mailing Address | C (. | | | 19109 11701 19101 11611 1 | 13881 B311 3884 | |
| Suite, Apt | | Suite, Apt. #, etc. | Jupress CRE | ek ZI | CHECK HERE IF MA | KING CHANGES | | |
| 503 City & Sta | | 502 | 502 City & State | | | | | |
| | underdate FC | FT. Cavelenda | de RL | 4. | 61-14/1033 | | oplied For of Applicable | |
| Zip 333ひ | Country | zip 33309 | Country US/4 | 5. | Certificate of Status Desired | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current I | Registered Agent | | 7. | Name and Address of New Register | red Agent | A 272 | |
| Name MA | | | | MARI | PRTIN ZVEKER | | | |
| ZUCKER, MARTIN A 3801 S. OCEAN DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | OO WEST CHPRESS CREEK Road | | | | |
| HOLLYWOOD FL 33019 | | | City | SUITE 502 FT. Levelendele FL Zip Code 333309 | | | | |
| O. The above | e named entity submits this statement for | the average of phonograpite | As a sistemed office as | 7. Lav | dendele | | | |
| | e named entity southits this statement for ations of registered agent. | The purpose of changing its | registered onice or | registered a | gent, or both, in the State of Florida. | / | and accept | |
| SIGNATURE | _ Marky | h | | | 4/2 | 03 | | |
| | Signature, typed or printed name of registered agent a | nd title if applicable. (NOT | E: Registered Agent signat | ure required when | reinstating) D | ATE | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of | State | | | 9. Election Campaign Financing Trust Fund Contribution. | | 0 May Be to Fees | |
| 10. | OFFICERS AND I | | 11. | AI | L DDITIONS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 | |
| TITLE | D | Delete | TITLE | | | | | |
| NAME STREET ADDRESS | ZUCKER, MARTIN A 3801 S. OCEAN DRIVE PENTHOU | 9E 0 | NAME STREET ADDRESS | 200 H | L, MARTIN A. UEST CYPRESS CREEK RO | ud, suite 5 | ره د | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | 3E U | CITY-ST-ZIP | FTILA | udundals, FL 33309 | | | |
| TITLE | 7 | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS |) | | | Ì | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | ł | |
| TITLE | <u> </u> | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | | • | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | ļ | |
| TITLE | | ☐ Delete | TITLE | | · | ☐ Change | Addition | |
| NAME | | | NAME CTREET ADDRESS | | | | | |

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition