

2003 UNIFORM BUSINESS REPORT (UBR)

0145325 AV

DOCUMENT #

PO2000061882

Entity Name

TROIKA SALES

FILED

03 APR 25 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200018569522

05/08/03--01067--012 **150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
6051 N OCEAN DR APT 602
HOLLYWOOD FL 33019
US

Mailing Address
6051 N OCEAN DR APT 602
HOLLYWOOD FL 33019
US

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 04-3683558
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Leslie Berger J.D.
2213 North University Dr.
Hollywood, FL 33024-3677

7. Name and Address of New Registered Agent
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 \$150.00
After May 11, 2003 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	PTD	<input type="checkbox"/> Delete
NAME	LEITNER, IRA B	
STREET ADDRESS	6051 N OCEAN DR APT 602	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LEITNER, DEBORAH S	
STREET ADDRESS	6051 N OCEAN DR APT 602	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Matthew Leitner	
STREET ADDRESS	9988 Nob H. H. Pl.	
CITY-ST-ZIP	Surprise, FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Stacy Rosen	
STREET ADDRESS	14 N. Jeanne Marie Apts	
CITY-ST-ZIP	Manusct, N.Y. 10554	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *IRA LEITNER* 3-1-02 954-972-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)