

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007995

1. Entity Name

FORMAN MANAGEMENT SERVICES, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90406 009 ***150.00

Principal Place of Business

5801A COACH HOUSE CIR
BOCA RATON FL 33486
US

Mailing Address

5801A COACH HOUSE CIR
BOCA RATON FL 33498-6433
US

2. Principal Place of Business

10694 STONEBRIDGE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

10694 STONEBRIDGE BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON FL

4. FEI Number

22-3205943

Applied For

Not Applicable

Zip

Country

33498

USA

Zip

Country

33498

USA

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

FORMAN, RICHARD
5801A COACH HOUSE CIR
BOCA RATON FL 33486

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

Richard Forman RICHARD FORMAN, PRESIDENT

4/17/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FORMAN, RICHARD
STREET ADDRESS 7139 QUEENFERRY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE ST ☐ Delete
NAME FORMAN, MARILYN
STREET ADDRESS 7139 QUEENFERRY CIRCLE
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Richard Forman RICHARD FORMAN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 561-497-9450
Date Daytime Phone #

CR2E034 (9/99)