

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005426

1. Entity Name
FORMAN FINANCIAL, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90062 045 ***550.00

Principal Place of Business

1515 UNIVERSITY DR
208 B
CORAL SPRINGS FL 33071
US

Mailing Address

1515 UNIVERSITY DR
208 B
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

960 Coral Ridge Dr
Suite, Apt. #, etc. #301

3. Mailing Address

960 Coral Ridge Dr.
Suite, Apt. #, etc. #301

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

U.S.A.

Zip

33071

Country

U.S.A.

4. FEI Number

65-0378745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, RONALD
4700 CHARDONNAY DR
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name FORMAN, RONALD
Street Address (P.O. Box Number is Not Acceptable)
960 Coral Ridge Dr. #301
City Coral Springs FL Zip Code 33071

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DPST
NAME FORMAN, RONALD J
STREET ADDRESS 4700 CHARDONNAY DR
CITY-ST-ZIP CORAL SPGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01

954-345-5600

Date

Daytime Phone #

CR2E034 (5/01)