

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90064 049 \*\*\*150.00

**DOCUMENT # P93000054365**

1. Entity Name

**BRUCE F. IDEN TRUSTEE, INC.**

Principal Place of Business

~~2100 PONCE DE LEON BLVD~~  
~~SUITE 600~~  
~~MIAMI FL 33134~~

Mailing Address

~~2100 PONCE DE LEON BLVD~~  
~~SUITE 600~~  
~~MIAMI FL 33134~~

2. Principal Place of Business

**3240 Corporate Way**

3. Mailing Address

**3240 Corporate Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIRAMAR FLORIDA**

City & State

**MIRAMAR FLORIDA**

Zip

Country

**33025 USA**

Zip

Country

**33025 USA**

4. FEI Number

**65-0427184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IDEN, BRUCE F**

~~2100 PONCE DE LEON BLVD~~  
~~SUITE 600~~  
~~MIAMI FL 33134~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3240 Corporate Way**

City

**MIRAMAR**

**FL**

Zip Code

**33025**

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

**BRUCE IDEN**

**1/9/02**

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, 2002 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 **D** ☐ Delete  
NAME **IDEN, BRUCE F**  
STREET ADDRESS ~~2100 PONCE DE LEON BLVD SUITE 600~~  
CITY-ST-ZIP ~~MIAMI FL 33134~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3240 Corporate Way**  
CITY-ST-ZIP **MIRAMAR FLORIDA 33025**

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRUCE IDEN, President**

**1/9/02**

**(954) 885-0085**

CR2E034 (9/01)