

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90215 006 ***150.00

DOCUMENT # P93000057867

1. Entity Name
FRIEDMAN SALES & MARKETING, INC.



Principal Place of Business
**901 N.E. 27TH AVENUE
HALLANDALE FL 33009**

Mailing Address
**901 N.E. 27TH AVENUE
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0430987**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FRIEDMAN, RONALD R
120 E. PALMETTO PARK RD.
SUITE 450
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FRIEDMAN, BERNARD**
STREET ADDRESS **901 N.E. 27TH AVENUE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete ☒ Change ☐ Addition
NAME **em?**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FRIEDMAN, RANDY**
STREET ADDRESS **995 RIVERSIDE DR. SUITE 121**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Delete ☒ Change ☐ Addition
NAME **RANDY FRIEDMAN**
STREET ADDRESS **3651 TURTLE RUN BLVD, SUITE 825**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33057-4838**

TITLE **D** ☐ Delete
NAME **FRIEDMAN, DOUGLAS**
STREET ADDRESS **1806 PLANTATION OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☒ Delete
NAME **FRIEDMAN, DAVID**
STREET ADDRESS **10202 SABAL TREE DR. SUITE 102**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☒ Delete ☒ Change ☐ Addition
NAME **DAVID FRIEDMAN**
STREET ADDRESS **905 BALSAMINA DRIVE**
CITY-ST-ZIP **BRANDON, FL. 33510-2961**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-07-03

Daytime Phone

954-457-9686

CR2E034 (10/02)