

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000005366**

1. Entity Name

**5340 NORTH FEDERAL HIGHWAY ASSOCIATION, INC.**

Principal Place of Business

**5340 N. FEDERAL HWY.  
107  
LIGHTHOUSE POINT FL 33064  
US**

Mailing Address

**C/O WOLFSON, FARKAS & GARVEY P.C.  
104-18 METROPOLITAN AVE.  
FOREST HILLS NY 11375**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0462647**

Applied For

Not Applicable

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

**SNEIDER, ANDREW I  
2335 N.W. 59TH STREET  
BOCA RATON FL 33496**

Name

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

**3232 N.W. 62nd Lane**

City

**Boca Raton**

**FL**

Zip Code

**33496-3395**

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

**3/15/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete  
NAME **SNEIDER, ANDREW I**  
STREET ADDRESS **2335 N.W. 59TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition  
NAME **3232 N.W. 62nd Lane**  
STREET ADDRESS **BOCA RATON, FL 33496-3395**  
CITY-ST-ZIP **BOCA RATON, FL 33496-3395**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/02**

Date

**J. Farkas**  
**718 459 8080**

Daytime Phone #

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90030 017 \*\*\*150.00

0618019 AT

CR2E034 (9/01)