

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90185 025 ***150.00

DOCUMENT # P94000008197

1. Entity Name
SANDLER ENTERPRISES, INC.



Principal Place of Business
**1555 NORTH PARK DR
SUITE 101
WESTON FL 33326
US**

Mailing Address
**1555 NORTH PARK DRIVE
SUITE 101
WESTON FL 33326
US**

30010073



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 **65-0466081**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSEN, LAWRENCE N
2925 AVENTURA BLVD SUITE
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Rosen Lawrence N**
Street Address (P.O. Box Number is Not Acceptable)
21170 NE 22 CT
City **N. Miami Beach FL** Zip Code **33180**

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 *Lawrence N. Rosen*
Signature, typed or printed name of registered agent and title if applicable.

Lawrence N. Rosen
(NOTE: Registered Agent signature required when reinstating)

DATE **1/9/03**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDLER, HARVEY	
STREET ADDRESS	1050 LEE WAGNER BLVD SUITE 301	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDLER, PHYLLIS	
STREET ADDRESS	1050 LEE WAGNER BLVD SUITE 301	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	FP	<input type="checkbox"/> Delete
NAME	LEVINE, JEFFREY M	
STREET ADDRESS	1050 LEE WAGNER BLVD STE 301	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1555 North Park Dr. Suite 101	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1555 North Park Dr. Suite 101	
CITY-ST-ZIP	Weston FL 33326	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1555 North Park Dr. Suite 101	
CITY-ST-ZIP	Weston FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/2/03** Daytime Phone # **954-389-7100**

CR2E034 (10/02)