## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P94000056642** 1. Entity Name DREXEL ASSOCIATES, INC. 04-11-2001 90049 003 \*\*\*150 00 Mailing Address Principal Place of Business 1674 MERIDIAN AVE 1674 MERIDIAN AVE SUITE 208 **SUITE 208 CUU43133** MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc MIANI BEACH BEA CK City & State 4. FEI Number Applied For City & State 65-0507823 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DREXEL ASSOC INC 1674 MERIDIAN AVE STE 208 MIAMI BEACH FL 33139 BEACH City ドし 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 arne of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and el cts to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE GLUECKMANN, FERDINAND NAME NAME 1920 SOUTH OCEAN DR., #3A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition ☐ Delete TITLE DUNAEVSKY, DOV NAME NAME STREET ADDRESS STREET ADDRESS 1920 SOUTH OCEAN DR., #3A CITY-ST-7IP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MELAMED, JACOB - --NAME NAME STREET ADDRESS STREET ADDRESS 1920 SOUTH OCEAN DR., #3A CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4501

305-532-9551

Daytime Phone #