

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057879

1. Entity Name
SHELDON FINANCIAL MANAGEMENT CORPORATION

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90018 014 ***150.00

Principal Place of Business
**2787 E. OAKLAND PARK BLVD., #207
FORT LAUDERDALE FL 33306**

Mailing Address
**2787 E. OAKLAND PARK BLVD., #207
FORT LAUDERDALE FL 33306**

740100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5950 W. OAKLAND PARK BLVD

3. Mailing Address
5950 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
SUITE 106

City & State
LAUDERHILL, FL

City & State
LAUDERHILL, FL

Zip
33313

Country
BROWARD

4. FEI Number **65-0513272**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**STEIN, SHELDON S
2787 E. OAKLAND PARK BLVD., #207
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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.

SIGNATURE *Sheild S. Stein* **3/6/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	SPTV STEIN, SUSAN 10813 W. CLAIRMONT CIRCLE TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Susan Stein* **SUSAN STEIN** **3/6/01** **954-731-3317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)