

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90309 046 ***150.00

DOCUMENT # P94000068053

1. Entity Name
21ST CENTURY ELOQUENCE, INC.

Principal Place of Business
6782 BELVEDERE ROAD
WEST PALM BEACH FL 33413

Mailing Address
6782 BELVEDERE ROAD
WEST PALM BEACH FL 33413

2. Principal Place of Business

7108 Fairway Drive

Suite, Apt. #, etc.

101

City & State

Palm Beach Gardens FL

Zip

33418

Country

3. Mailing Address

7108 Fairway Drive

Suite, Apt. #, etc.

101

City & State

Palm Beach Gardens FL

Zip

33418

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0521579**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FISHMAN, ERIC S MD
205 WORTH AVENUE
SUITE 308-310
PALM BEACH FL 33480

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

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, 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

TITLE **P** ☐ Delete
 NAME **FISHMAN, ERIC S MD**
 STREET ADDRESS **6782 BELVEDERE ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **VP** ☐ Delete
 NAME **FISHMAN, ANN**
 STREET ADDRESS **6782 BELVEDERE ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Fishman, Eric S. MD**
 STREET ADDRESS **7108 Fairway Dr. #101**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Fishman, Ann**
 STREET ADDRESS **7108 Fairway Dr. #101**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02 (91)630-0302

CR2E034 (9/01)