

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90018 038 \*\*\*150.00

**DOCUMENT # P94000091136**

1. Entity Name  
**UNIVERSITY HALL, INC.**

Principal Place of Business  
**4475 U. UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**  
**US**

Mailing Address  
**4475 N. UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**  
**US**



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 **65-0550126**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUTSTEIN, GEORGE J ESQ.**  
**303 20801 BISCAYNE BLVD.**  
**AVENTURA FL 33180**

Name **JUDITH KUSHNER**  
 Street Address (P.O. Box Number is Not Acceptable) **4475 N UNIVERSITY DRIVE**  
 City **LAUDERHILL** **FL** Zip Code **33351**

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 *Judith Kushner*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/23/02**

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 **SD** ☒ Delete  
 NAME **MARINOFF, YEHUOIT**  
 STREET ADDRESS **18540 N BAY RD**  
 CITY-ST-ZIP **NMB FL 33160**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **JUDITH KUSHNER**  
 STREET ADDRESS **6493 VIA ROSA**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **P** ☒ Delete  
 NAME **MARINOFF, GERALD**  
 STREET ADDRESS **18540 N BAY RD**  
 CITY-ST-ZIP **NMB FL 33160**

TITLE **P** ☒ Change ☐ Addition  
 NAME **JUDITH KUSHNER**  
 STREET ADDRESS **6493 VIA ROSA**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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: *Judith Kushner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/23/02**

DAYTIME PHONE # **954-746-4808**

CR2E034 (9/01)