## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 26, 2001 8:00 am DOCUMENT # P9500003628 **Secretary of State** 1. Entity Name ALAN NEWMAN & CO., INC. 03-26-2001 90078 023 \*\*\*150.00 Effective 6/30/2001 Principal Place of Business Mailing Address 20803 VIA MADEIRA DR 20803 VIA MADEIRA DR BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 3500 Gateway Drive 3500 Gateway Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 103 #103 City & State City & State Applied For 4. FEI Number 65-0552381 Pompano Beach, Fla. Not Applicable Pompano Beach, Fla. Country \$8.75 Additional 5. Certificate of Status Desired 33069 33069 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMAN, ALAN M Street Address (P.O. Box Number is Not Acceptable) 20803 VIA MADEIRA DR **BOCA RATON FL 33433** City 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. ala Mker Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE K1 Change Addition NEWMAN, ALAN M NAME NAME Newman, Alan M 20803 VIA MADEIRA DR STREET ADDRESS STREET ADDRESS 3500 Gateway Drive #103 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Pompano Beach, Fla. 33069 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition