**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 04, 2002 8:00 am DOCUMENT # P96000002451 **Secretary of State** 1. Entity Name 02-04-2002 90131 048 \*\*\*150.00 WACHHOLDER AND STREIMER, P.A. Principal Place of Business Mailing Address 7501 NW 4 STREET 7501 NW 4 STREET PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0630994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WACHHOLDER, BARRY L Street Address (P.O. Box Number is Not Acceptable) **7501 NW 4 STREET** PLANTATION FL 33317 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. SIGNÁTURE Signature, typed or printed name 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Change ☐ Addition TITLE PTD Delete TITLE WACHHOLDER, BARRY L NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS **7501 NW 4 STREET** CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33317 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREIMER, LAURA A. STREET ADDRESS STREET ADDRESS 7501 NW 4TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME HOWARD, NAOMI STREET ADDRESS STREET ADDRESS 7501 NW 4TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Addition TITLE ☐ Delete TITLE Rutstein, Rener 7501 NW 4th Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Plantation FL 33317 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 repeiver 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: 4

SIGNING OFFICER OR DIRECTOR

Daytime Phone #