


**2005 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000025540 1. Entity Name SCHWARTZ FAMILY MANAGEMENT COMPANY	
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Principal Place of Business
**13356-88 AVE NO.
SEMINOLE, FL 33776**

Mailing Address
**13356-88 AVENUE NORTH
SEMINOLE, FL 33776**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3380086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIPMAN, ELAINE 7980 LISA DAWN AVENUE LAS VEGAS, NV 89117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BINDERMAN, MAUREEN 11929 GLEN MILL ROAD POTOMAC, MD 20854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORNSTEIN, BILLIE SUE 13356 88TH AVENUE NORTH SEMINOLE, FL 33776
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02/03/05-80037-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen A. Binderman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05
Date

301 527-1190
Daytime Phone #