

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90014 041 ***150.00

DOCUMENT # P96000036689*

1. Entity Name

IRA OSTROW FAMILY HOLDINGS, INC.



Principal Place of Business

8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

Mailing Address

8023 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109-1049

2. Principal Place of Business

5024 FISHER ISLAND DR.

Suite, Apt. #, etc.

3. Mailing Address

5024 FISHER ISLAND DR.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FISHER ISLAND, FL

Zip
33109-0205

Country
USA

City & State

FISHER ISLAND, FL

Zip
33109-0205

Country
USA

4. FEI Number

65-0662030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
2775 SUNNY ISLES BLVD., STE. 118
NO MIAMI BEACH FL 33160

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME OSTROW, IRA ☐ Delete
STREET ADDRESS 8023 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL 33109-1049

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME OSTROW, IRA
STREET ADDRESS 5024 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND, FL 33109-0205

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-04 305-538-2577

Date

Daytime Phone #