## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000039097** 1. Entity Name POCO ASSOCIATES, INC. 04-03-2000 90169 041 \*\*\*150.00 Principal Place of Business Mailing Address 1371 SOUTHWEST 8TH STREET 5030 CHAMPION BLVD POMPANO BEACH FL 33069 #252 BOCA RATON FL 33496-2473 Principal Place of Business 3. Mailing Address , Cicale 003 Crest DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0665870 Not Applicable MOANO \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLECKMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 5030 CHAMPION BLVD #252 POMPANO BEACH FL 33496 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Change ☐ Addition TITLE FLECKMAN, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 5030 CHAMPION BLVD #252 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change ☐ Addition DVT ☐ Delete TITLE TITLE FOX, MALCOLM NAME NAME STREET ADDRESS STREET ADDRESS 5030 CHAMPION BLVD #252 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change ☐ Addition ☐ Delete TITLE TITLE Bernheim, Martin NAME STREET ADDRESS STREET ADDRESS 5030 CHAMPION BLVD #252 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered to execute this rep changed, or on an attachment with an address, with all other like empower