

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048376

1. Entity Name
STEVEN L. POMERANZ FINANCIAL MANAGEMENT, INC.

Principal Place of Business

1 WEST CAMINO REAL
SUITE 205
BOCA RATON FL 33432
US

Mailing Address

1 WEST CAMINO REAL
SUITE 205
BOCA RATON FL 33432
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0673027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMERANZ, STEVEN L
1 WEST CAMINO REAL
SUITE 205
BOCA RATON FL 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
NAME POMERANZ, SUSAN
STREET ADDRESS 6524 CONTEMPO LN
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE P
NAME POMERANZ, STEVEN L
STREET ADDRESS 6524 CONTEMPO LN
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02

(561) 362-7850

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90026 045 ***150.00



DO NOT WRITE IN THIS SPACE

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