

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90027 024 ***150.00

DOCUMENT # P96000052385

1. Entity Name

DARYL J. SAFERSTEIN AND ASSOCIATES, INC.

Principal Place of Business

**18260 NE 19TH AVE
 STE 104
 NORTH MIAMI BCH FL 33162
 US**

Mailing Address

**18260 NE 19TH AVE
 STE 104
 NORTH MIAMI BCH FL 33162
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0675873**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SAFERSTEIN, DARYL L
 1990 N.E. 163RD STREET
 SUITE 201
 NORTH MIAMI BEACH FL 33162**

*NO LONGER
 at THIS
 address*

7. Name and Address of New Registered Agent

Name **SAFERSTEIN, DARYL J**
 Street Address (P.O. Box Number is Not Acceptable)
**18260 NE 19 AVE
 SUITE 104**
 City **N. MIAMI BEACH** FL Zip Code **33162**

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 **DARYL SAFERSTEIN**

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

(NOTE: Registered Agent signature required when translating)

DATE

1/5/02

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | SAFERSTEIN, DARYL J | |
| STREET ADDRESS | 16916 NE 19TH AVE | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | SAFERSTEIN, DARYL J | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 18260 NE 19TH AVE | |
| STREET ADDRESS | NMB, FL 33162 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 *305-947-9657*
 Date Daytime Phone #

CR2E034 (9/01)