

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018065

1. Entity Name

IRVING R. STEVENS, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90152 002 ***150.00

Principal Place of Business

Mailing Address

2162 HENLEY PLACE
WELLINGTON FL 33414

2162 HENLEY PLACE
WELLINGTON FL 33414-7768

2. Principal Place of Business

46 SOMERSET TERRACE
Suite, Apt. #, etc.

3. Mailing Address

46 SOMERSET TERRACE
Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

Zip 33410

Country USA

City & State

PALM BEACH GARDEN FL

Zip 33410

Country USA

6. Name and Address of Current Registered Agent

FRIEDMAN, STEVEN
24 BERMUDA LAKE DR.
PALM BEACH GARDENS FL 33418

4. FEI Number

65-0730696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 2000 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 VD
NAME FRIEDMAN, STEVEN
STREET ADDRESS 24 BERMUDA LAKE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

TITLE SD
NAME FRIEDMAN, IRVING Z
STREET ADDRESS 2800 SELKIRK ROAD
CITY-ST-ZIP BEACHWOOD OH 44122

☐ 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
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

IRVING Z. FRIEDMAN

2/4/2000

Date

Daytime Phone #

CR2E034 (9/99)