

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000090654**

1. Entity Name

LAW OFFICES OF JUDD A. ZEBERSKY, P.A.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90403 038 ***150.00

Principal Place of Business

7770 OAKLAND PARK BLVD
480
SUNRISE FL 33351

Mailing Address

7770 OAKLAND PARK BLVD
480
SUNRISE FL 33351**001413**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13790 NW 4th Street

13790 NW 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

112

City & State

City & State

Sunrise, FL

Sunrise, FL

Zip

Zip

Country

Country

33325

33325

USA

USA

4. FEI Number 65-0791189

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEBERSKY, JUDD A
8751 WEST BROWARD BLVD
408
PLANTATION FL 33324

Name

JUDD A ZEBERSKY
Street Address (P.O. Box Number is Not Acceptable)
13790 NW 4th Street

112

City

Sunrise

FL

Zip Code

33325

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STP
ZEBERSKY, JUDD A
7770 W OAKLAND PARK BLVD # 480
SUNRISE FL 33351 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Zebersky, Judd A
13790 NW 4th Street # 112
Sunrise, FL 33325 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Date

Daytime Phone #

CR2E034 (10/00)