Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT  DOCUMENT # P97000090767  1. Entity Name				Secretary of State		
725 NOR	ITH FEDERAL HIGHWAY, INC	<b>).</b>		!	03-11-2002 90034 033 ***150.00	
Principal Place of Business 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435		Mailing Address 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0795795 Applied For	
Zip	Country	Zip	Country		Not Applicable     Sa.75 Additional     Fee Regulred	
	6. Name and Address of Current Ro	egistered Agent			7. Name and Address of New Registered Agent	
LEMBO, MARGARET A 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435			L	Name  Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>	City	FL Zip Code	
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 20 Make Check Payab	!! FEE IS 02 Fee wil	ll be \$550.00	10. Election Campaign Financing \$5.00 May Be	
11.	OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEMBO, MARGARET A 2610 N. FEDERAL HWY. BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET A		Change Change Change (904)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A	-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		☐ Change ☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treportation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that ne ered to execute this report	ny signature as required	shall have the sale by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if	