FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am Secretary of State P97000101645 DOCUMENT # 1. Entity Name 03-06-2002 90116 029 \*\*\*150.00 SO. FLORIDA BUSINESS ASSOCIATES, INC. Principal Place of Business Mailing Address 9690 W SAMPLE RD 9690 W SAMPLE RD #202 #202 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 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 Applied For 65-0809520 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEGELAUB, STEVEN-S Street Address (P.O. Box Number is Not Acceptable) 9690 W SAMPLE RD #202 **CORAL SPRINGS FL 33065** City 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) **9.** This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VPD** Addition CR2E034 (9/01) TITLE ☐ Delete TITLE Change FELLER, JOEL NAME NAME 9690 W SAMPLE ROAD STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME SIEGELAUB, STEVEN S NAME STREET ADDRESS 9690 W SAMPLE RD STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NATHANSON, ÉRIC NAME NAME STREET ADDRESS STREET ADDRESS 9690 W SAMPLE RD CITY-ST-ZIP POMPANO BEACH FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.