

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90074 004 ***150.00

DOCUMENT # P98000025558

1. Entity Name
STAN FEINERMAN & ASSOCIATES, INC.



Principal Place of Business
**17 ROSE DRIVE
FT LAUDERDALE FL 33316**

Mailing Address
**17 ROSE DRIVE
FT LAUDERDALE FL 33316**

90016447



2. Principal Place of Business
616 4th KEY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
616 4th KEY DRIVE
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
Zip
33304 Country
USA

City & State
FT. LAUDERDALE, FL
Zip
33304 Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0378513**
~~NOT APPLICABLE~~

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEINERMAN, STANLEY S
17 ROSE DRIVE 616 4th KEY DRIVE
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **STANLEY S. FEINERMAN**
Street Address (P.O. Box Number is Not Acceptable)
616 4th KEY DRIVE
City **FT. LAUDERDALE** FL Zip Code **33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/27/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINERMAN, STANLEY S 616 FOURTH DRIVE FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINERMAN, GLORETTE A 616 FOURTH KEY DRIVE FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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
STANLEY S. FEINERMAN

Pres.

1/27/03 (954) 467-7754
Date Daytime Phone #

CR2E034 (10/02)