## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 18, 2002 8:00 am Secretary of State P98000027694 DOCUMENT # 1. Entity Name 07-18-2002 90133 006 \*\*\*150.00 IAN J. SANDLER & ASSOCIATES, INC. Principal Place of Business Mailing Address 10160 AVENIDA DEL RIO 10160 AVENIDA DEL RIO DELRAY BOH FL 33446 DELRAY BCH FL 33446 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 65-0830589 Not Applicable Zip Country Zio 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 SANDLER, IAN J Street Address (P.O. Box Number is Not Acceptable) 10160 AVENIDA DEL RIO DELRAY BCH FL 33446 City Zip Code ubmits 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 8. The above named the obligations of SIGNATURE \_ 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 \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SANDLER, IAN J NAME 10160 AVENIDA DEL RIO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SANDLER, CAROL NAME STREET ADDRESS 10160 AVENIDA DEL RIO STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information sapplied 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: PRINTED NAME OF SIGNING OFFICER

FILED

· # 1 % - 1 Attachmentinon P98000027694 60130195 Dear SurMadam, As you can see overleaf, your form A recewed from you this year. when of called the number quen, of was told that you would accept a check for \$150 with a letter of explanation.

Please therefore find my check for \$150 not \$150 as requested.

You may contact me on 954-448-0028

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