

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000104895**1. Entity Name  
ALL TECHNICAL PERSONNEL, INC.

Principal Place of Business 2501 HOLLYWOOD BOULEVARD #100  HOLLYWOOD FL 33020	Mailing Address 2501 HOLLYWOOD BOULEVARD #100  HOLLYWOOD FL 33020
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2. Principal Place of Business 2501 HOLLYWOOD BOULEVARD #100	3. Mailing Address 2501 HOLLYWOOD BOULEVARD #100
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Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
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Zip 33020	Country	Zip 33020	Country
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4. FEI Number <b>65-0915085</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GLASSER GENE K  
2021 TYLER STREET  
  
HOLLYWOOD FL 33020 US**7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
City FL 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 \_\_\_\_\_ **03/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN NEIL 3702 NE 199 ST AVENTURA FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBARD CAROL 21150 POINT PL. APT 2403 MIAMI FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBARD MARVIN 21150 POINT PL. APT 2403 MIAMI FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBARD CAROL 19955 NE 38 CT., APT. 3102 MIAMI FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBARD MARVIN 19955 NE 38 CT., APT 3102 MIAMI FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Marvin W. Schwartzbard

Trea 03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)