

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90044 024 ***150.00

DOCUMENT # P99000004098**1. Entity Name**
DAVID YUDENFREUND, CPA, P.A.**Principal Place of Business**
800 JEFFERY STREET (409)
BOCA RATON FL 33487**Mailing Address**
P.O. BOX 7161
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**6350 BRAVA WAY**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
BOCA RATON, FLORIDA**City & State****4. FEI Number** **65-0888320****Applied For**
Not Applicable**Zip** **33433**
Country **U.S.A.****Zip**
Country**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****YUDENFREUND, DAVID CPA**
800 JEFFERY STREET (409)
BOCA RATON FL 33487**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****6350 BRAVA WAY****City** **BOCA RATON****FL****Zip Code** **33433****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** *David Yudenfrend*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *1/24/2002***9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **YUDENFREUND, DAVID CPA**
STREET ADDRESS **800 JEFFERY STREET (409)**
CITY-ST-ZIP **BOCA RATON FL 33487****TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6350 BRAVA WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
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.****SIGNATURE:** *DAVID YUDENFREUND*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)