

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026267

1. Entity Name

CONHAN MANAGEMENT COMPANY, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90141 029 \*\*\*150.00

Principal Place of Business

1900 CORPORATE BOULEVARD  
SUITE 301W  
BOCA RATON FL 33431

Mailing Address

1900 CORPORATE BOULEVARD  
SUITE 301W  
BOCA RATON FL 33431-7340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0913811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent -

KRASNA, GARY M  
1900 CORPORATE BOULEVARD  
SUITE 301W  
BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/P
STREET ADDRESS	Constance Greenberg
CITY-ST-ZIP	2118 NW 9th Drive Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIS/T
STREET ADDRESS	Stewart Greenberg
CITY-ST-ZIP	2118 NW 9th Drive Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V
STREET ADDRESS	Judi Krasna
CITY-ST-ZIP	22153 Primrose Way Boca Raton, FL 33433
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V
STREET ADDRESS	Karen Chapnick
CITY-ST-ZIP	873 Queen Anne Road Teaneck, NJ 07666
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)