

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053986

1. Entity Name

ZUCKERMAN MANAGEMENT ASSOCIATES, INC. ✓

Principal Place of Business

1111 LINCOLN ROAD SUITE 740
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD SUITE 740
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

3456 PRAIRIE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33140

U.S.A.

4. FEI Number

65-0927089

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

JOHNSON, ETHAN W
5300 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2339

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME ZUCKERMAN, MATTHEW
STREET ADDRESS 1111 LINCOLN ROAD SUITE 740
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ZUCKERMAN, MATTHEW
STREET ADDRESS 1111 LINCOLN ROAD SUITE 740
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
NAME NANCY MARKOVICH
STREET ADDRESS 22263 LARKS PUR TRAIL
CITY-ST-ZIP BOCA RATON, FLORIDA 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

MATTHEW M. ZUCKERMAN

7/17/2000

Date

305 538 2954

Daytime Phone #

CR2E034 (1/00)