

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90076 003 \*\*\*150.00

DOCUMENT # P99000053986

1. Entity Name

ZUCKERMAN MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

~~1111 LINCOLN ROAD SUITE 740~~  
~~MIAMI BEACH FL 33139~~

Mailing Address

~~2450 PRAIRIE AVE~~  
~~MIAMI FL 33140~~

2. Principal Place of Business

801 41ST STREET.

3. Mailing Address

801 41ST STREET

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

DADE.

Zip

33140

Country

DADE.



DO NOT WRITE IN THIS SPACE

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ZUCKERMAN, MATTHEW  
CITY-ST-ZIP ~~1111 LINCOLN ROAD SUITE 740~~  
~~MIAMI BEACH FL 33139~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 41ST STREET, SUITE 210  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW M. ZUCKERMAN

President

4/27/2001

Date

305 695 2848

Daytime Phone #

CR2E034 (10/00)