

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064249

1. Entity Name

WALL STREET FINANCIAL PARTNERS INC.

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90042 005 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1761 W HILLSBORO BLVD~~ 3300 UNIVERSITY DR  
~~SUITE 320~~ SUITE 502  
~~DEERFIELD BEACH FL 33442~~ Coral Springs, FL 33065  
US

2. Principal Place of Business

3. Mailing Address

3300 UNIVERSITY DR

3300 UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 502

Suite 502

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Zip

33065

33065

Country

Country

US

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDE, RAFAEL J  
1761 W HILLSBORO BLVD  
SUITE 320  
DEERFIELD BEACH FL 33442

Name

CONDE, RAFAEL J

Street Address (P.O. Box Number is Not Acceptable)

3300 UNIVERSITY DR

Suite 502

City

Coral Springs

FL

Zip Code

33065

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	D	<input type="checkbox"/> Delete
NAME	CONDE, RAFAEL J	
STREET ADDRESS	2499 GLADES RD SUITE 206	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMBIN, BEN D	
STREET ADDRESS	1400 NW 108TH AVE #278	
CITY-ST-ZIP	PLANTATION FL 33322	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conde, Rafael J	
STREET ADDRESS	4546 NW 17th Pl	
CITY-ST-ZIP	Deerfield Bch, FL 33442	
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		
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

Ben D Dembin V.P.

4/20/01

954 575-1497

Date

Daytime Phone #

CR2E034 (10/00)