

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104012

1. Entity Name

LUCRATIVE, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90064 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2601 S. COURSE DRIVE  
NO. 305  
POMPANO BEACH FL 33069

2601 S. COURSE DRIVE  
NO. 305  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

4201 N. OCEAN BLVD  
Suite, Apt. #, etc.  
# C-303

SAME  
Suite, Apt. #, etc.  
# C-303



DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
BOCA RATON

4. FEI Number  
65-0962540

Applied For  
Not Applicable

Zip Country  
33431 USA

Zip Country  
33431 USA

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

SMITH, ROBERT H  
3170 N. FEDERAL HWY  
SUITE 100  
LIGHTHOUSE POINT FL 33064

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LARRY BARATZ	
STREET ADDRESS	5884 WINDSOR COURT	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VP SEC TR	<input type="checkbox"/> Delete
NAME	HAROLD FOSMAN	
STREET ADDRESS	4201 N. OCEAN BLVD #C-303	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAMES NATHANSON	
STREET ADDRESS	2400 EAST LAS OLAS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NATHAN ROTSTEIN	
STREET ADDRESS	CANADA	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 powers like empowered.

SIGNATURE: HAROLD FOSMAN VP SEC TR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00 (561) 338-0563  
Date Daytime Phone #

CR2E034 (9/99)