

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S21465**

1. Entity Name  
7301 UNIVERSITY DRIVE CORP.



Principal Place of Business  
7800 W OAKLAND PARK BLVD.  
SUITE 101  
SUNRISE, FL 33351

Mailing Address  
7800 W OAKLAND PARK BLVD.  
SUITE 101  
SUNRISE, FL 33351



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0240332

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ABRAMOWITZ, RICHARD  
7800 W OAKLAND PARK BLVD.  
SUITE 101  
SUNRISE, FL 33351

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ABRAMOWITZ, RICHARD  
7800 W OAKLAND PARK BLVD  
SUNRISE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSV  
POMERANTZ, HOWARD L.  
7800 W. OAKLAND PARK BLV  
SUNRISE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000081191  
03/08/04-80139-019 150.00

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IN THIS SPACE**

**RECEIVED**  
FEB 25, 2004

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 #