

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90030 031 \*\*\*150.00

**DOCUMENT # 522259**

1. Entity Name

**ROBERT S. MANDEL, P.A.**

Principal Place of Business

Mailing Address

9700 S. DIXIE HIGHWAY  
 SUITE 1020  
 MIAMI FL 33156-7839  
 US

9700 S. DIXIE HIGHWAY  
 SUITE 1020  
 MIAMI FL 33156-2865  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1705731**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANDEL, ROBERT S ESQ**  
**9700 SOUTH DIXIE HIGHWAY**  
**SUITE 1020**  
**MIAMI FL 33156**

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	PD	<input type="checkbox"/> Delete
NAME	MANDEL, ROBERT S	
STREET ADDRESS	9700 S. DIXIE HIGHWAY, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33156-2865	
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STREET ADDRESS	9700 S. DIXIE HIGHWAY, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33156-2865	
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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 a power like empowered.

SIGNATURE:

*Robert S. Mandel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Mandel March 15, 2000

Date

305-670-0671

Daytime Phone #

FILED