

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90464 049 ***150.00

DOCUMENT # 598018

1. Entity Name

MIMI STEIN, P.A.

Principal Place of Business

Mailing Address

**NO OLIVE AVE
WEST PALM BEACH FL 33401****800NO OLIVE AVE
WEST PALM BEACH FL 33401
US****A0051052**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1869365

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

**GARLICK, MICHAEL
800 NO. OLIVE AVE.
WEST PALM BEACH FL 33401**

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

☐ Delete☐ Change ☐ Addition**PTD
STEIN, ELLEN M.
800 NO OLIVE AVE
WEST PALM BEACH FL****S
STEIN, ELLEN M.
800 NO OLIVE AVE
WEST PALM BEACH FL**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete☐ Change ☐ Addition

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:

Ellen M. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

561-655-0015

Daytime Phone #

CR2E034 (9/99)