## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Jan 27, 2000 8:00 am **DOCUMENT # F37671** 1. Entity Name Secretary of State LAZAN AND TRUTE, P.A. 01-27-2000 90097 038 \*\*\*150.00 Principal Place of Business Mailing Address 1090 KANE CONCOURSE. 1090 KANE CONCOURSE. BAY HARBOR ISLANDS FL 33154-2107 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2099125 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRUTE, MELVYN Street Address (P.O. Box Number is Not Acceptable) 1090 KANE CONCOURSE **BAY HARBOR ISLAND FL 33154** Zip Code FL 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE TRUTE, MELVYN NAME STREET ADDRESS 1090 KANE CONCOURSE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISL, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAZAN, DAVID M NAME MARAE STREET ADDRESS 1090 KANE CONCOURSE STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP BAY HARBOR ISL, FL 00000 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ecoiver or tustee 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.

Date Daytime Phone

JAN 2 4 2000

FILED