

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L68801

1. Entity Name

LAW OFFICES OF ANDREW B. BLASI, P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90019 021 ***150.00

Principal Place of Business

Mailing Address

7900 GLADES ROAD
SUITE 445
BOCA RATON FL 33434

7900 GLADES ROAD
SUITE 445
BOCA RATON FL 33434-4173

2. Principal Place of Business

20283 State Road 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State
Boca Raton, Florida

City & State

4. FEI Number

65-0189365

Applied For

Not Applicable

Zip
33498

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLASI, ANDREW B.
7900 GLADES ROAD
SUITE 445
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name Andrew B. Blasi

Street Address (P.O. Box Number is Not Acceptable)

20283 State Road 7

Suite 300

City Boca Raton

FL

Zip Code
33498

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/2000
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

TITLE DP ☐ Delete
NAME BLASI, ANDREW B.
STREET ADDRESS 7900 GLADES RD, STE 445
CITY-ST-ZIP BOCA RATON, FL 33434 FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

Date

Daytime Phone #

561-483-8700