

3/20

FILED

Apr 24, 2002 8:00 am
Secretary of State

03-20-2002 90061 002 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007176

1. Entity Name

COLLABORATIVE FAMILY LAWYERS OF SOUTH FLORIDA, I
NC.

Principal Place of Business

1900 WEST COMMERCIAL BLVD., STE. 130
FT. LAUDERDALE FL 33309

Mailing Address

1900 WEST COMMERCIAL BLVD., STE. 130
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1154241

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, ROBIN C ESQ.
6503 N. MILITARY TRAIL
#2000
BOCA RATON FL 33496-2636

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, IRIS M ESQ.	
STREET ADDRESS	1900 WEST COMMERCIAL BLVD., STE. 130	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BERZNER, STEVEN ESQ.	
STREET ADDRESS	1040 BAYVIEW DR., STE. 605	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, ROBIN C	
STREET ADDRESS	6504 MILITARY TRAIL, #2000	
CITY-ST-ZIP	BOCA RATON FL 33496-2636	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, THERESA ESQ.	
STREET ADDRESS	2425 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BYLES, DEBORAH ESQ.	
STREET ADDRESS	350 EAST LAS OLAS BLVD., STE. 1700	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BEVERLY ESQ.	
STREET ADDRESS	ONE FINANCIAL PLAZA, STE. 2626	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, 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 #

CR2E037 (9/01)