

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90260 013 ***150.00

DOCUMENT # P93000037145

1. Entity Name
STEVEN R. JAFFE, PA

Principal Place of Business

Mailing Address

**2393 PHEASANT LANE
 WESTON FL 33327**

**2393 PHEASANT LANE
 WESTON FL 33327-1448**



DO NOT WRITE IN THIS SPACE

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 **65-0391812**

Applied For
 Not Applicable

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

**JAFFE, STEVEN R
 10360 N.W. 18TH DR.
 PLANTATION FL 33322**

Name

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

2393 Pheasant Lane

City
Weston

FL

Zip Code
33327

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)

2/28/00
 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 **D** Delete
 NAME **JAFFE, STEVEN R**
 STREET ADDRESS **10360 N.W. 18TH DR.**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE Change Addition
 NAME **Steven Jaffe R**
 STREET ADDRESS **2393 Pheasant Lane**
 CITY-ST-ZIP **Weston FLA 33327**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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

2/28/00
 Date

(954) 385-8995
 Daytime Phone #

CR2E034 (9/99)