2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P94000039452** 1. Entity Name GREGG R. SCHWARTZ, P.A. 01-31-2001 90026 039 ***150.00 Principal Place of Business Mailing Address 44 W. FLAGLER ST 44 W. FLAGLER ST 1200 1200 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address 9100 S. Dadeland Blvd 9100 5 Dadeland Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sute Sulte Applied For 4. FEI Number 65-0497689 Not Applicable MIAMI <u>MIRMI</u> Country \$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 SCHWARTZ, GREGG R. 44 W FLAGLER ST **SUITE 1200** MIAMI FL 33130 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE 50HWARTZ, GREEG R. BIVO., #1121 SCHWARTZ, GREGG R NAME NAME STREET ADDRESS 44 W FLAGLER ST. SUITE 1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33130** MIAMI, FL 3315T ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPELFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

6RE66 R. SCHWARTZ 1 13/01 2941

Change

☐ Addition