

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065912

1. Entity Name

GENOVESE LICHTMAN JOBLOVE & BATTISTA P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90264 035 ***150.00

Principal Place of Business

Mailing Address

8211 W BROWARD BLVD
 SUITE 310
 PLANTATION FL 33324
 US

8211 W BROWARD BLVD
 SUITE 310
 PLANTATION FL 33131-2101
 US



2. Principal Place of Business

100 SE 2ND ST.
 Suite, Apt. #, etc.
 36TH FLOOR

3. Mailing Address

100 SE 2ND ST
 Suite, Apt. #, etc.
 36TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0518134

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTMAN, CHARLES H.
 8211 W BROWARD BLVD
 SUITE 310
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: LICHTMAN, CHARLES H.
 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND ST.
 36TH FLOOR
 City: MIAMI FL Zip Code: 33131

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.

x SIGNATURE *Charles Lichtman*

1/5/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	LICHTMAN, CHARLES H	
STREET ADDRESS	8211 W BROWARD BLVD SUITE 310	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOBLOVE, MICHAEL D	
STREET ADDRESS	8211 W BROWARD BLVD SUITE 310	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTMAN, CHARLES H.	
STREET ADDRESS	100 SE 2ND ST.; 36TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBLOVE, MICHAEL D.	
STREET ADDRESS	100 SE 2ND ST.; 36TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SEC. TRANS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTISTA, PAUL J.	
STREET ADDRESS	100 SE 2ND ST.; 36TH FL.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENOVESE, JOHN H.	
STREET ADDRESS	100 SE 2ND ST.; 36TH FL.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 305-249-2333

CR2E034 (9/99)