

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

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0518134

Applied For

Not Applicable

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.

SIGNATURE: *Charles Lichtman*
Signature, typed or printed name of registered agent and title if applicable.

1/5/00

(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
NAME: LICHTMAN, CHARLES H.
STREET ADDRESS: 8211 W BROWARD BLVD SUITE 310
CITY-ST-ZIP: PLANTATION FL ☐ Delete

TITLE: VPD
NAME: JOBLOVE, MICHAEL D
STREET ADDRESS: 8211 W BROWARD BLVD SUITE 310
CITY-ST-ZIP: PLANTATION FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: LICHTMAN, CHARLES H. ☒ Change ☐ Addition
STREET ADDRESS: 100 SE 2ND ST.; 36TH FLOOR
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: VPD
NAME: JOBLOVE, MICHAEL D. ☒ Change ☐ Addition
STREET ADDRESS: 100 SE 2ND ST.; 36TH FLOOR
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: SEC. TRANS. ☐ Change ☒ Addition
NAME: BATTISTA, PAUL J.
STREET ADDRESS: 100 SE 2ND ST.; 36TH FL.
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: ☐ Change ☒ Addition
NAME: GENOVESE, JOHN H.
STREET ADDRESS: 100 SE 2ND ST.; 36TH FL.
CITY-ST-ZIP: MIAMI, FL 33131

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

305-349-2333

Date

Daytime Phone #

CR2E034 (9/99)